VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02847

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Prince George MARYLAND	STATE Maryland Prince Ceorge
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place) TOWN Beltsville	OR TOWN Beltsville
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Powder Mill Road	ADDRESS Powder Mill Road
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) D. HALL BARNHART	DEATH March 17 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 brs. Months Days Hours Min.
Male White WIDOWED DIVORCED, (Specify) Married	reu. 19, 10001 09 ym. 1
10s. USUAL OCCUPATION (Give kind of work downing most of working life, evon if retired) WILLIAM DUSTAY WILLI	11. BIRTHPLACE (State or foreign country) Delaware 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John S. Barnhart	Clara E. Peters
15. WAS DECRASED EVER IN U.S. ABMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of none provide)	Mrs. Elizabeth C. Barnbart
18, MEDICAL CEI	Powder Mill Road, Beltsville, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
Pulmaner Int	Caretion secondary to ONSET AND DEATE
Immediate cause (a) Huricular Fi	Brillation
	rotic Heart Discase Undahamal
Diseases or conditions, if any, (b) 7000000000000000000000000000000000000	ar Fibrillation Underermina
	Arterrosclarosis Undetermind
(c) Generalized	171 1C1103Claros13
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Prostatitis Undetermines
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE NONE	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from June 2	1, 1945, to May 17, 1951, that I last saw the deceased
aline on Feb 26 105 and that doubt accounted at	m., from the causes and on the date stated above.
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
V P SAO! M. D 7	835 Eastern Hus m. 12150
PUDIAL ODENATION I DATE THERE OF A VAME OF COLUMN	Silver Spring, Mc 1/05/
TOTAL CATALOG CO. 15.	RY OR CREMATORY LOCATION (City, town, or county) (State)
	ional Cemetery Arlington County Va.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	
March 1951 New a. Smith	8434 Ga. Ave., Silver Spring
	100105 Maryland

Coroner Maloney of Prince Georges County was informed concerning defails of + his doath and he has truthorized my signing the certificate. Mar 17, 155/ And Local und

PLEASE

VS. A15A

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02848

Reg. Dist. No.2.4.2

564111

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
PAINCE GEOTAGS MARYLAND	6501-(St) Maryland & P	Times Peorges
CITY (If outside corporate limits, write RUPAL and LENGTH OF STAY OR give nearest town) TOWN (in this piace)	CITY II outside corporate limits, write RURAL and give OR TOWN Ways early for a limit of the Company of the Com	nearest town
HOSPITAL OR 1NSTITUTION OR 6507-C Wash Wash.	STREET (If rural, give location)	
3. NAME OF (Birst) (Middle)	(Month)	(Day) (Year)
(Type or Print) EMONY Edgar B	ales DEATH March	10 1957
6. COLOR OF RACE 7. SINGLE, MARRIED. WYDOWED, DIVORCED, (Specify) DIVORCED,		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Huttara Emory H Bater	West Mary a. Boy	200
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or date of	17. INFORMANT	
WAMA OWN service)	Spencen R. Murrica 4	
18. MEDICAL CEI		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Acute Caron	usry Ocelusion	20 min ,
120, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	ury Ocelusion	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
_ none _		Yes No Z
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY Novel m. While at Not while work at work	noul	
22. I certify that I took chorge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes ☐, occident ☐, suicide ☐, homicide ☐, SIGNATURE (Degree or title)	ased died on the day stated above, and death in my o	from the evidence opinion resulted
23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) Pray 16, 1951 Slemmon		(10/957)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/14/5/ Imanda Journey	7 Dasels sons Hotalts	ntond
	The state of the s	- V

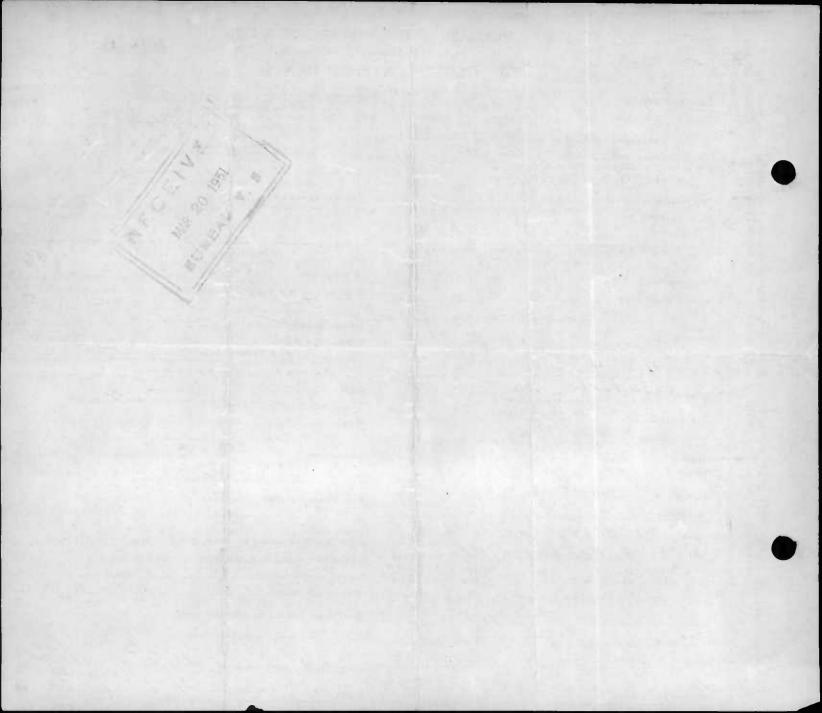


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: PRINCE George's	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Overily	State Bowie Modounty Prince George County
City or town	
How long in above place of death? Since Nov. 1950	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Mother Jones Rest Home	Street No. None Bowie Maryland (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Beall, Charlotte ANN	3. (b) Social Security Number
	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
70,117,2	20. DATE OF DEATH 3- 16 19.57, 21 8 P M
8.(b) Name of husband or wife. Widowed	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	JAn : 1951 10 MARCH 1951
7. Birth date of deceased (mo., day, yr.) /858 Nov- /3	and that I last saw h. L. alive on march 16 19 51
	Immediais cause of death DURATION
o. Aug.	Cerebro Vascular allatent
	Kensl insufficiency
9. Birthpiace SuitLAND, MO	Due to.
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	finefally anercoal 450s
1+ 11 - 23 IV	Due 10
TI, Madelly of States	16 07
12. Name Thomas Beall 830	Other conditions Semility
	(Include pregnancy within 3 months of death)
14. Malden name Charottere Hardy 15. Birthplace Suitland md	Major findings of operations
15. Birthplace Suitland md	Date of op.
16. Informant Mrs. Alice Comerford	Antoney results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bowie High Bridge, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, occumation or comoved, Whichir) Dale thereof March 19, 1951. (Burial, occumation or comoved, Whichir)	Accident, suicide, or homicide
Cemetery or crematory St. Barnabas Church Cemeter;	Where did injury occur?
Location Le Land Mary land.	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director W. W. Cham bers Co	
saddress 1400 Chapin ST. N.W.	23. SIGNATURE Sermand a. Suggerald mo
Secret 17 17 Januar Severe	M. D. or other
San 17 157 James Devery	iddress 802 Malcolon Dr. SS Med gred 3/16/51



VS. A15

The correct age

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4 195CERTIFICATE OF DEATH

02850

1. PLACE OF DEATH: COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	x p /5
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gri	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS Julename Road	
3. NAME OF DECEASED (First) (Middle) (Type or Print) John Franklen	Beall 4. DATE (Month) DEATH May	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months 1866 85 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR LEDUSTRY OWN TAYMORE 12 PATHER'S NAME	Maryland	COUNTRY
Unknown	Mamie Scott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	(Mitchellville.Md.) Daughte	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	40 %	INTERVAL BETWEEN ONSET AND DEATH
144 Immediate cause (a) Cardiac hecon	person a	6 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Hypertusive eV hlisease	10 yrs
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(SIRIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1950, to/2 ha, 1957, that I last s	aw the deceased
alive on 10 7000, 19.51, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY LOCATION (City, town, or count	c May 5/
Burial (Specify) 3/15/51 Mt. Carme	Upper Marlbord	
DATE REC'D BY LOCAL REGISTRAL SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
man 17,751 V Bull Thursty	Ritchie Bros. Upper Mari	boro, Md.
	100	105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02851

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Truck Longe MARYLAND	2. USUAL RESIDENCE (HE STATE	OME) OF DECEASED.	Y
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate OR Wash	e limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Faurel Sanitarium	STREET ADDRESS /821 (orcorau II.	V
3. NAME OF DECEASED (Type or Print) VIRGINIA (Middle) BL	AND	4. DATE (Month) OF DEATH	(Day) (Year) /3 195/
5. SEX 6. COLOR ON RACE 7. SINGLE, MARKIED, WIDOWED, DEVORGED, (Specify) Single	9-22-1882	yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. BIRTHPLACE (State or Yungima.		2. CITIZEN OF WHAT COUNTRY? 4.5.
13. FATHER'S NAME John B. Bland	MATTER'S MAIDEN	Bryd	
15. WAS DECRASED FOR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND A	DDIKESS . Record	S
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Chronic My	erreadilis		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	1 1.7.		2. /
92 Diseases or conditions, if any, (b). Correct of the above cause stating the underlying cause last	Terresles	0	Many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			190 D4 6040 10000000 01000000 010000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TO	OWN) (COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the deceased from 5-/5-	-, 1949, to 3-13	, 19.57, that I last s	saw the deceased
signatures P. Jands. M.D. J.	ADDRESS Samlarie	causes and on the date st	dated above. DATE SIGNED
23. BURIAL PREMATION DATE REMOVAL (Specify) 3-15-5/ LOCK CELL	RY OR CREMATORY LO	CATION (City, town, or coun	ety) (State)
MAD 18 - 5 / M. DIASULALS	24. FUNERAL DIRECTOR	Ca. 2901-14th	ADDRESS
(13)		WASH O.C	VVVVV



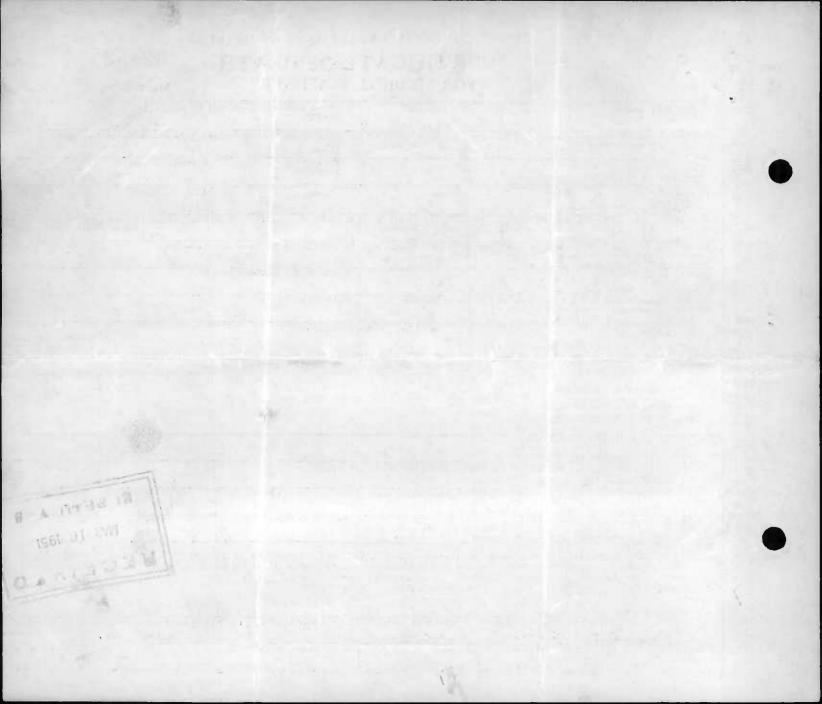
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02852

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY PriNCE CEGROPS MARYLAND	STATE Maryland COUNTY Page
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Washing atou 20 DC 6245	TOWN Wasking lon to
HOSPITAL OR 15711-25 - avegue	STREET (If rurai, give location)
STREET ADDRESS Hillerest Heights, Wild.	ADDRESS 1-25 Cove Hillerest Keight 41.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ack Geotteev Bounke	DEATH Warch 10 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Widowed, Divorced, (Specify) was and	San 201902 49 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even despited) (Specify) (Specify) (Specify) (Specify) (Industrial industrial industr	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY2
The state of the s	orburualle rexal U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
undernon	unthron
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give way de dates of	17. INFORMANT
Mon service) Warle War II	Lois gilgh man Bourle
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Dante Ca	rovery Occhesion 30 min.
130 / Immediate cause (a)	
Antecedent cause(s)	in Toldar . It !
Diseases or conditions, if any, (b)	nac cust analytical
GIVING PIAC TO THE STORY COLLEGE	
The giving rise to the above cause stating the underlying cause last	_ or to durations.
stating the underlying cause last (c)	_ or to durations.
stating the underlying cause last	_ or to durations.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- or to durations.
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yee No &
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF optice bldf., etc.)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bids., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Yee No &
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldk., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	(CITY OR TOWN) (COUNTY) (STATE)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office high, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while work at work 22. I certify that I took charge of the remains described above, held an A	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy []. Inspection []. Inquiry [] thereon and from the evidence
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF AUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy [], Inspection [], Inquiry [] thereon and from the evidence assed died on the day stated above, and death in my opinian resulted
11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office high, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while work at work 22. I certify that I took charge of the remains described above, held an A	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy [], Inspection [], Inquiry [] thereon and from the evidence assed died on the day stated above, and death in my opinian resulted
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OF ACTION OF THE CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work at work of the color of the remains described above, held an Action of the color of the remains described above, held an Action of the color of the remains described above, held an Action of the color of the remains described above, held an Action of the color of the remains described above, held an Action of the color of th	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and from the evidence ased died on the day stated above, and death in my opinian resulted updetermined
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy Inspection Inquiry thereon and from the evidence assed died on the day stated above, and death in my opinian resulted undetermined DATE SIGNED (LADDRESS DATE SIGNED
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office high, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries from: natural causes 14, accident , suicide , homicide , SIGNATURE (Degree or title)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and from the evidence ased died on the day stated above, and death in my opinian resulted updetermined
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, office bide, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF office bide, etc.) OF OWNER (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work at work 100 to the condition of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in the condition of the conditi	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the day stated above, and death in my opinian resulted undetermined []. (ADDRESS DATE SIGNED [], ADDRESS DATE SIGNED [],
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy Inspection Inquiry thereon and from the evidence assed died on the day stated above, and death in my opinian resulted undetermined DATE SIGNED (LADDRESS DATE SIGNED
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office high, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident successful acci	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy Inspection Inquiry thereon and from the evidence assed died on the day stated above, and death in my opinian resulted undetermined DATE SIGNED (ADDRESS DATE SIGNED (State) (State) 24. FUNERAL DIRECTOR ADDRESS ADDRESS Language Langua
II. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (utopsy [], Inspection [], Inquiry [] thereon and from the evidence ased died on the day stated above, and death in my opinian resulted undetermined []. (ADDRESS DATE SIGNED [], ADDRESS DATE SIGNED [],



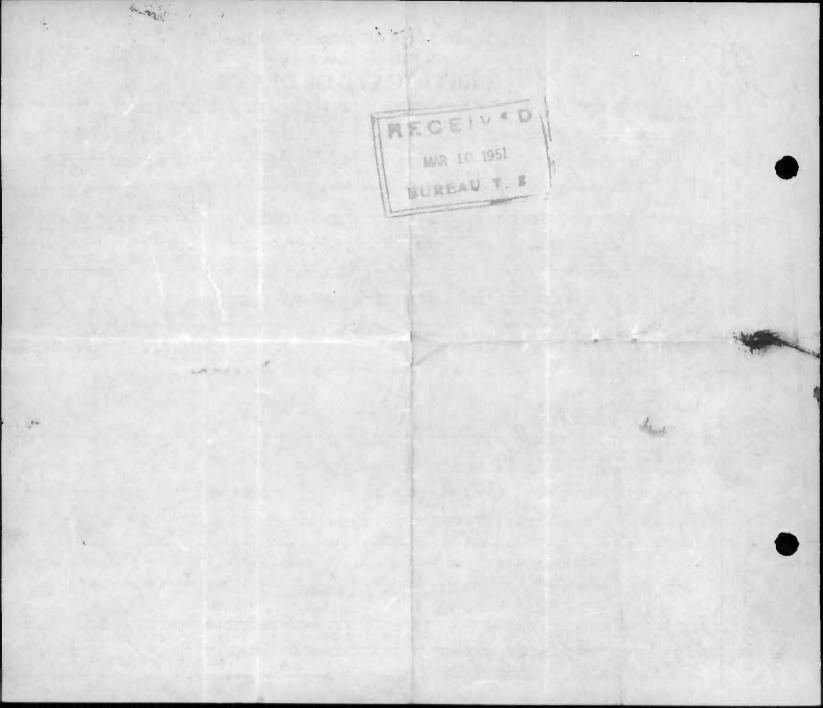
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02853 231

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	maryland	Tronge Lange
OR give nearest town) Clevellar (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Genes	STREET (If rural, give location)	L Road
3. NAME OF (First) (Middle) (Type or Print) (Middle)	Reerwood 4. DATE (Month) 8	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	June 12 /869 8/ yrs.	Days If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business or done during most it working life, even if retired) Lindurgry Lower Company of the lower forms of th	1 7/a.	COUNTRY US.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Muknown	Inknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (11 yes, give var or dates of service)	Kenneth Breerwood Kw	Erdelend
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	1 James	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Jactaris	b.ma.
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
2-1-1	10 E) . 3-P 10 El 11	
22. I hereby certify that I attended the deceased from 2- J.	, 19.5., to 3.5., that I last se	aw the deceased
alive on 3 , 195 , and that death occurred at (Degree or title)	ADDRESS	ated above. DATE SIGNED
KN Sames Web. , MD. 4	314 Gulloth ST Synths vilk, my.	3/8/51
Bemoval pecity) 3/10 01 22 ma		435
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGS 19/51 Umanda Downey	24 Suveral Director Agatten	Caporessind
	0 810	105



VS. A15

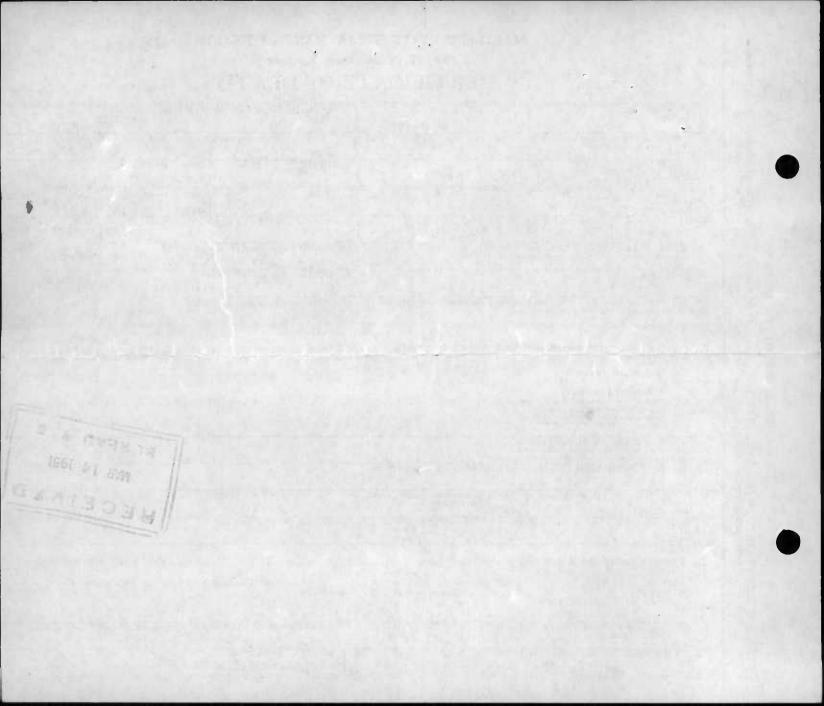
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02854

1. PLACE OF DEATH. 6 809 NEW HAMPSHI	MARYLAND	2. USUAL RESIDENCE (HE STATE MARY LAW	COUNT	r. Georges.
	ength of stay (in this place)		e limits, write RURAL and give RRK M. &.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6809 NEW HAMPSHIR		STREET ADDRESS 6809	(If rural, give location) NEW HAMPShire	Ave.
DECEASED (Type or Print) BERTHA DE LE	ddle)	BROWN	4. DATE (Month) OF DEATH	(Day) (Year) 12 195
FEMALE WHITE WIDOWE (Specify	MARRIED, D, DIVORCED, MARRIED	AUG. 15, 1882	. AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
done during most of working life, even if retired)	FOM E	11. BIRTHPLACE (State or WAS HING TO N	D.c.	COUNTRY? . S.
THEODORE F. SCHUMACH			WEIGMAN.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	L SECURITY NO.	1	Wh 6809 N.H.	Ave. TK. PAEK.
	18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
۸.	•			0.1
Immediate cause (a) Wren	me	0-11 = 10 1 0 0 0 0 = 0 mm mm g m = 15 m mm - 10 m - 10 m - 10 m m mm mm m m m m m m m m m m m m m	pộ một h iệnhiện phoải tro th 000000 dan 12-122 xx 222 xx 222 xx 222 xx 2	16 ms.
Antecedent cause(s)	•	0.100	0 10.	
Diseases or conditions, if any, (b)	noma	Kt kedney + l	Lodol	1400
giving rise to the above cause stating the underlying cause last (c)	wills he	tostoses		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				Yes No X
21. ACCIDENT (Specify) PLACE (Home, for office bldg. HOMICIDE	arm, factory, street,	(CITY OR TO	(COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY While at Work	CCURRED Not While At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the deceased			, 19.51, that I last s	
alive on 11 M. , 1951, and that dea	th occurred at	A:m., from the	auses and on the date st	ated above. DATE SIGNED
23. BURIAL CREMATION LATE THEREOF IN	III hew H	oupsline Are 1	Deann tal W	12 mou51
Survive 3/14/1901/	AME OF CENETER	rick H	CATION (City, town, or coun	sec
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR LARGER, 13/967 January	Every	24. FUNERAL DIRECTOR	somethyallo	appress af
- //	/.		//	-



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

02855

1. PLACE OF DEATH Prince Teoige MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-	rice Gearso
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) CCO REE (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	
3. NAME OF DECEASED (First dispersion of the dis	Brown 1. DATE (Month) OF DEATH Md-4	(Day) (Year) 2 2 19.5
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under Strick 4.1868 Strick Wonth	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if tetired) 10b. Kind of Business or Industry	Eurgream Alabama.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin	14. MOTHER'S MAIDEN NAME Mary Cinginia He	inley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Virginia C. Walson. Acc	ked old
18. MEDICAL CER 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Acute 1	Proceeditis	3 6000.
Immediate cause (a)		
431 X Antecedent cause(s)		
93a Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work /	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		saw the deceased
alive on 1957, 1957, and that death occurred at 3	m., from the causes and on the date st	ated above. DATE SIGNED
thank G. Ausan hid	Indian (ked, Tel	3-12-57
REMOVAL (Specify) Sch 248 Natronal M.	RY OR CREMATORY LOCATION (City, town, or cour	V2
DATE REC'D BY LOCAL REGISTRARS SIGNATURE REG. 23/5/	Mu A Ky da Waldon	ADDRESS



HALGISTUAN TO SENT TO SECTISTUAN

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02856

1. PLACE OF DEATH. COUNTY DATE AND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
CITY (If outside corporate limits, write RURAN and OR give learest town (in Athis place)	CITY (If outside corporate limits, write RURAL and give	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mathe Jones Perkey	STREET (1 rural, give location) ADDRESS 3018 - Douglas SA	48
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Brand 4. DATE (Month) OF DEATH WORK	(Day) (Year)
5. SEX 6. COLOR OR RICE 7. SINGLE, MARRIED, WIDOVED, DIVORCED, (Sp. 40)	S DATE OF BIRTH 9. AGE last birthday If under I Months Months	
done during most of working his even if retired) ANDUSTRY	1 Originia	CITIZEN OF WHAT
13. FATHER'S NAME W Brown Brown	Challe Burke	
15. Was Decrased Ever In A.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (1! yes, live war or dates of service)	Information and Address 30180	onglad BE
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
i. diseases or conditions directly leading to death	wooleast	ONSET AND DEATE
331x Immediate cause (a)	7	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	avebral Cemonlages	heavy glass
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from	and 1957, to March 27,49 17, that I last sa	w the deceased
alive on 22 7 4 1957, and that death occurred at SIGNATURE: (Degree or title)		ted above.
had it. tanker M.D.	50, 8 n. N.E	3/27/51
REMOVAL (Specify) 3/30/195/ Wash men	TAY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. Mar. 27 1951 Wys. Las. Revere Helpty Reg.	Galant Whattingly 13	ADDRESS 1-1124
	5/102/11/01/10	- P. O O



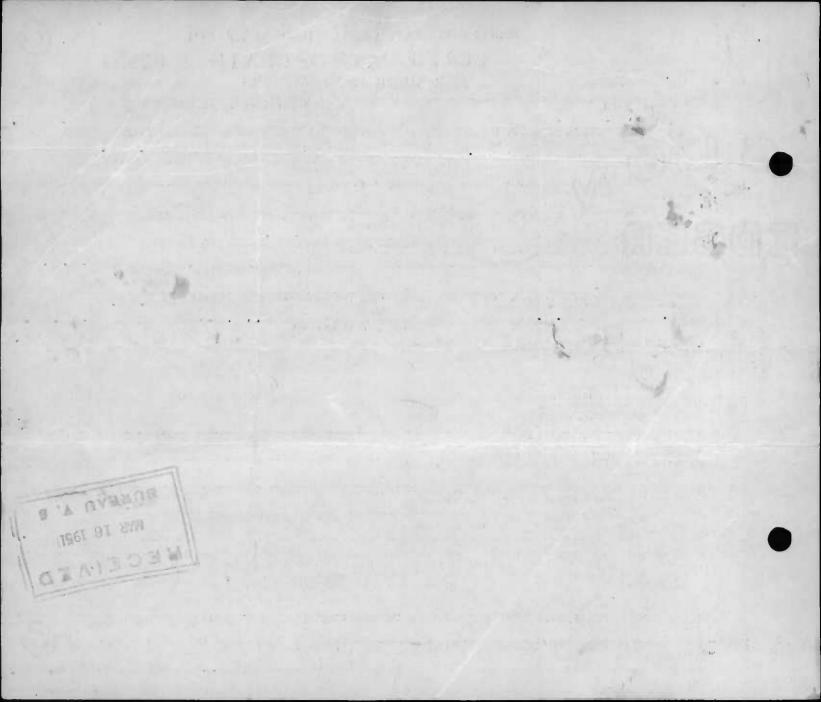
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02857

Upper Marlboro, Md.

	FOR MEDICAL	EXAMINERS	Reg	. Dist. No	- 02
1. PLACE OF DEATH- COUNTY Pr. Geo.	MARYLAND	2. USUAL RESIDENCE (H STATE Marylan	· ·	SED. COUNTY Pr	. Geo.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural (Clinton, Md		CITY (If outside corpora OR TOWN Rural	te limits, write RUF (Clinton	RAL and give near , Md.)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural, give	iocation)	
3. NAME OF (First) DECEASED (Type or Print) Arthur	(Middle) Phi lli p	(Last) Buckler	4. DATE (I OF DEATH	Month) (Day	y) (Year) 2 195]
Male White W	SINGLE, MARRIED, VIDOWED, DIVORCED, (Specify) Single	s. DATE OF BIRTH Oct.10,1906	9. AGE last hirthda;	Monthe Days	
done during most of working life, even if retired) IN	b. Kind of Business or Dacco Farmine		foreign country)		IZEN OF WHA
13. FATHER'S NAME		14. MOTHER'S MAIDEN			15 (P)
Phillip A. Buckler 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	Delphine Ma		A 73.20	1=7.0=
(Yes. no, or unknown) (If yes, give war nr dates nf		28 9th St S	005	A. Buel	KTeL
I. DISEASES OR CONDITIONS DIRECTLY LEA Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	18. MEDICAL CE	and and the	Praetic	ONS	erval Betwee set and Death
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	7. 1. 1.				
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINE	DINGS OF OPERATION			1 20.	AUTOPSY?
- noue					s 🗆 No 🗓
PRIMARY OR CONTRIBUTING OF OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) (Whour) (Whour	Home, farm, factory, street, lice iddg., etc.) JURY OCCURRED ile at Nnt while ork at work	HOW DID INJURY OCC House Caugh	pri fail-	Prince	GEOT GEL
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or Infrom: natural causes [], accident [], s SIGNATURE	quiry, find that said dece	used died on the day stated undetermined .	Inquiry [] the labove, and deot	h in my opin	the evidence ion resulted
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	Sact. Deft.		Selver Hell A OCATION (City, to	Wn, or county)	(State)
Burial 3/15/51 (PATE REC') BY LOCAL REGISTRA'S SIGN	Arrington	National 24. FUNERAL DIRECTOR	Fort Myer	Vi	rginia DRESS



VS. A15A

3/8/51

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg.	Dist.	No.	243
	40		

DOOFE

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	Viansema 15, Sea
CITY (If outlide corporate limits, write RURAL and LENGTH OF STAY OR give peares town town (in this place)	OR CITY (If outside corporate limits, write RUDAL and rive nearest town)
TOWN DEAL 18 yrs	TOWN SLAVOOR
HOSPITAL OR INSTITUTION OR	STREET (If ru al give location)
STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) 49 hm /4mm /3u	Willey DEATH , 5 - 9 - 1931
Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wadayee	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. 45 yrs. Months Days Hours Min.
I 10s. USUAL OCCUPATION (Give kind of work 10h) Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
- Colo	Washington of 143.01
FATHER'S NAME	14. MOTHER'S MAIDEN NAME . 11 0
John Henry Jour Ely	Whel derriella mobile
16. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIETY NO. (Yes, not or unknown) (If yes, give war or dates of 4-76) 0/- 2252	17 HOORMANT O C. O 14
inervice)	Myllis age Deaver - Strughter
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
()) () () () () () () () () (echonon
420 Immediate cause (a) Coronary CO	
Antecedent cause(s)	
13(a) Diseases or conditions, if any, (b)	SUSSESSION
stating the underlying cause last	1
(c) (andigvas out	lar renal disease
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) [NJURY]	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while no. work at work	
22. I certify that I took charge of the remains described above, held an A	utopsy K, Inspection K, Inquiry & thereon and from the evidence
from: natural causes , accident , suicide , homicide ,	used died on the day stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 () - I was a way to	pl 1 1 4 11 . 1- 11-
John . Maloney, M. Dep. Mid. Grow	n. Neverly pyallsvell Md 3-4-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	
Burial Par 1, 1951 Bowne Cath	olic Cemetery Bowie Md
REGZ/6/5/ REGISTRARS SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG3/6/51 Umanda Douney	F. Gasch's Sons Hyattsville Md.

TA PATRICAL STATES

MARYLAND STATE DEPARTMENT OF HEALTH

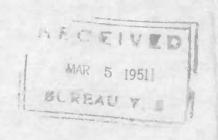
2411 N. Charles Street, Baltimore

02859

CERTIFICATE OF DEATH

Reg. Dist. No. 22/5

1. PLACE OF DEATH- COUNTY 5. 0579 0 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	•
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give negrest town) TOWN (in this place)	CITY (If outside supporate limits, write RURAL and giv	e pearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give, location) ADDRESS 2624 (Mural, give, location)	rod P.l.
3. NAME OF DECEASED (First) Burnham	(Last) 4. DATE (Month) OF DEATH MAR	(Day) (Year)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY		CITIZEN OF WHAT
Mortimer Burnham	Eldow Lutch	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Wis John Callahun	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Myocard	ial Infarection	3/2days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	schrotie Heart Disease	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cere brel Emb	olism	2 1/2 days
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August	., 19.48, to MARCH, 1951, that I last sa	w the deceased
alive on March 1, 1951, and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED
- Francis Murray Mx2 à		uch 2, 1851
REMOVAL (Sales) DATE NAME OF CEMETER REMOVAL (Sales)	Hell Suitland ?	nd. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 1951 Sames Servery	24. JUNERAL DIRECTOR Sons lo -30	S-4-N.E
	1 10045	4



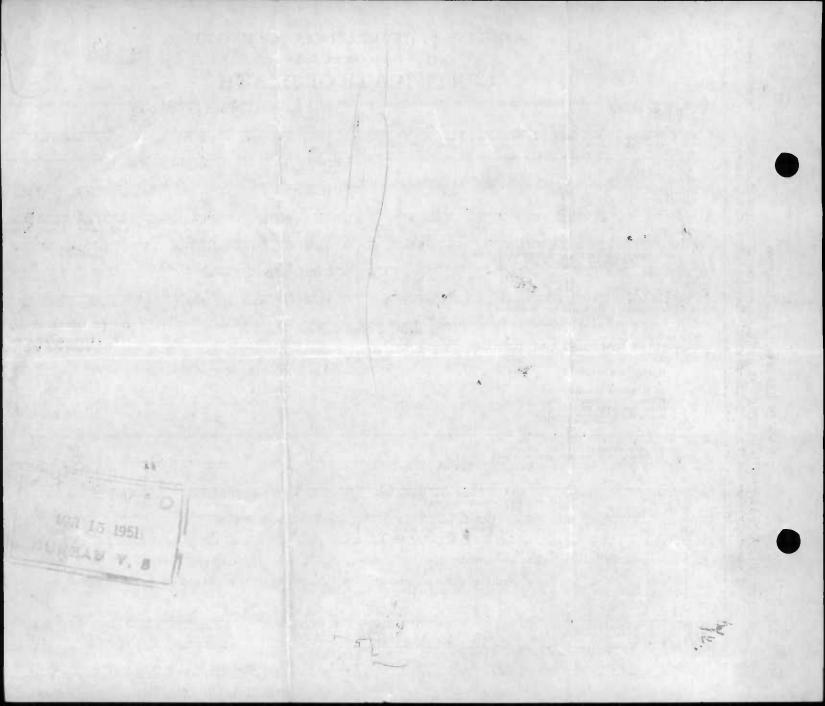
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	
COINTRY	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
Prince hearges MARYLAND	Manuland Prince County
CITY (If outside corporate lights, write RURAL and LENGTH OF STAY	CITY (If dutide corporate limits, write RURAL and give nearest town) OR
OR givo nearest town) TOWN (in this place)	TOWN Riverdale
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Eugene Lefand Memorial Ho	ADDRESS 4- 5-4 & anemye -
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year
DECEASED D'	OF
(Type or Print) KIChard Lawrence (a) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 h
WIDOWED, DIVORCED,	Months Days Hours Mil
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA
done during most of working life, even if retired) INDUSTRY / - /	D / PUNTET? .
Sailor + Store Keeper Refired	Birmingham, England Hmerica
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Gallaghan	Briget Vordan
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS 6204-54 - auc
No service) Euglish No Mane	Mrs. Beatrice Butler- Riverdaly, md
. 18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
101 -	- Las 1 1 20 m.
Immediate cause (a)	y Morollooses 1 Mis
420.	- 1 Pendeterm
Antecedent cause(s) Diseases or conditions, if any, (b)	es circoccliosis en
940 giving rise to the above cause	***************************************
stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) + INJURY OCCURRED	HOW DID INJURY OCCUR?
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF Mork At work	HOW DID INJURY OCCUR?
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF Mork At work	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 2.	HOW DID INJURY OCCUR? 1951, to 3/2, 1951, that I last saw the deceased
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 2.	HOW DID INJURY OCCUR?
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from 2 15 alive on 1951, and that death occurred at 1	How DID INJURY OCCUR? 1951, to
SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURED While at Not While At work 22. I hereby certify that I attended the deceased from At work alive on 12/	How DID INJURY OCCUR? 1951, to 3/2 1951, that I last saw the deceased by DATE SIGNED DATE SIGNED and Signed Boundary Park Signed Signed Boundary Park Signed Signe
SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not While INJURY Not Work At work 22. I hereby certify that I attended the deceased from 15 alive on 12 19 19 19 19 19 19 19	HOW DID INJURY OCCUR? 1951, to
SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on (Degree or title) 23. GURIAL, CREMATION DATE THEREOF NAME OF CEMETE EMOVIL, Specify) MARCH 15/951 MASH: NA.	HOW DID INJURY OCCUR? 1951, to 3/2, 1951, that I last saw the deceased by
SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Not While work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 1951, to
SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on (Degree or title) 23. GURIAL, CREMATION DATE THEREOF NAME OF CEMETE EMOVIL, Specify) MARCH 15/951 MASH: NA.	HOW DID INJURY OCCUR? 1951, to 3/2, 1951, that I last saw the deceased by



M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02861

Reg. Dist. No. 23/

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	STATE COUNTY	70 6
CITY (If outside corporate limits write RURAL and I LENGTH OF STAY	Maryland CITY (If outside corporate limits, write RURAL and give	Pr Geo.
OR givo nearest town the verly (in this place)	OR	o dealest cowii)
TOWN Cheverly	TOWN Decatur Heights	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Prince George General Host	4002-53rd. Avenue	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)Concetta Rita 6calco Cata	OF	2.3 1.51
(Type of Print)Concetta Rita Scalco Cata) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DEATH March S. DATE OF BIRTH 9. AGE last birthday If under	
WIDOWED, DIVORCED,	Months !	Days Hours Min.
Female White WIDOWED, DIVORCED, (Specify idowed	19/22/1883 67 ym.	
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	1f. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Housewife In own home	Italy	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Rito Scalco	Josephine Morino	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes. no. or unknown) I (If yes. give war or dates of i		
No leervice) [None	Hospital Records	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	1 1/. /	- 1
Immediate cause (a) heft Cereb	ral Hemorrhage	5 days
Illineurate cause	V	
Antecedent cause(s)	Cardio-Vascular Hispase	14 Mrs.
Diseases or conditions, if any, (b) // / Per / P // // // // // // // // // // // //	Carain-yascular HISPASP	11/1/3
93 giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death.		I as A VIDO DOTIO
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While _		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 3/18	, 1951, to 3/2.3 , 195/, that I last s	43 1
22. I hereby certify that I attended the deceased from J. J. D.	, 190./, to, ///www, 190/., that I last s	aw the deceased
alive on 3/22 19.5%, and that death occurred at 3		
alive on 19.4., and that death occurred at.	1:480 m from the enuses and on the date at	atad abava
CICALAMITICU (Degree or title)	m., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS and on the date st	ated above.
SIGNATURE (Degree or title)	m., from the causes and on the date st	DATE SIGNED
harles C. Haglage M. 7.	Mt. Rausen Md. 3/	23/5-/
SIGNATURE (Degree or title) Laglage M. 7. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS Mt. RAJALLA Md. RY OR CREMATORY LOCATION (City, town, or count	23/5-/ (State)
SIGNATURE (Degree or title) Addles C. Saglage M. 7. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 3/27/1951 Fort Linco	Mt. RAJAMA. RY OR CREMATORY LOCATION (City, town, or count) Clin Cemetery Colman Manor.	DATE SIGNED 23/5- (State)
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 3/27/1951 Fort Linco DATE REC'D BY LOCAL (REGISTRAR'S, SIGNATURE)	RY OR CREMATORY LOCATION (City, town, or count of Land Land Land Land Land Land Land Land	23/5-/ (State)
SIGNATURE Conclude M. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL VRIGISTRAR'S SIGNATURE CONCLUDE TO THE CONCLUDE THE CONCLUDE TO THE CONCLUD	RY OR CREMATORY LOCATION (City, town, or count of Land Land Land Land Land Land Land Land	DATE SIGNED 23/5- (State)
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 3/27/1951 Fort Linco DATE REC'D BY LOCAL (REGISTRAR'S, SIGNATURE)	Mt. RAJAMA. RY OR CREMATORY LOCATION (City, town, or count) Clin Cemetery Colman Manor.	DATE SIGNED 23/5- (State)

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MAR 27 1951

VS. A15A

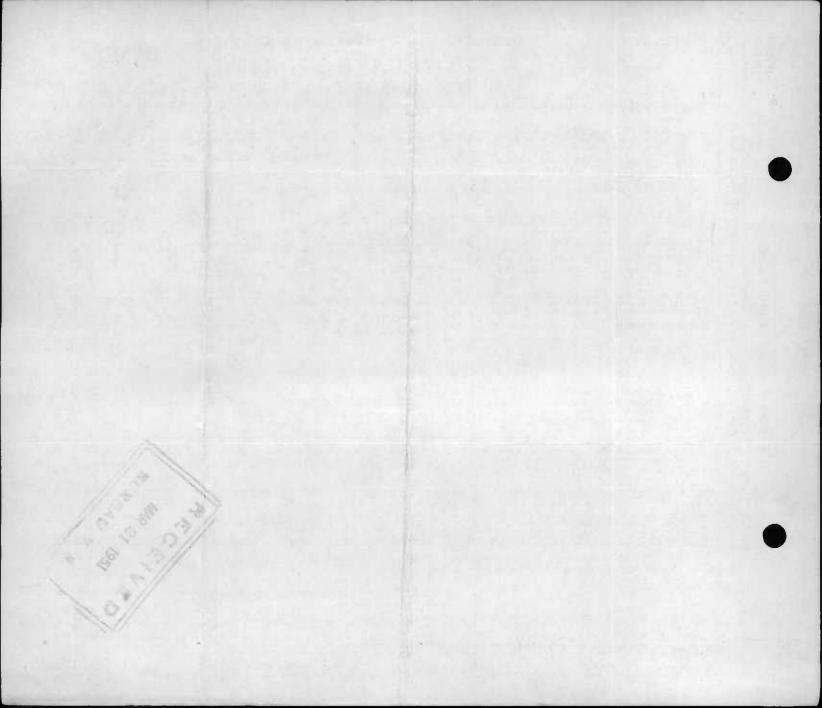
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02862		
DV-4 N	23	2

TOR MEDICAL	Reg. Dist. No.	
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Manyland - 12 - Sungu	0
OR give/nearest towo) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY Too this place)	OR TOWN CITY (If outside corporate limits, write RURAL and give newest OR TOWN	towo)
HOSPITAL OR INSTITUTION OR 2/12 Feeway	STREET ADDRESS R. F. D. H 2	
	haney 4. DATE (Mooth) (Day) OF DEATH Man. 16	(Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WARRIED	SUR 1./890 60 yrs.	under 24 hrs. Iours Min.
Iob. USUAL OCCUPATION (Give kind of work Iob. Kind of Business or done during most of working life, even if retired) Industry OWID O	11. BIRTHPLACE (State of foreign conducty) 12. CITIZEN SOUNDERT	
12 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or toknowo) (If yes, give war or dates of service)	17. INFORMANT Cleveland Chancy, Son	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AL BETWEEN AND DEATH
Immediate cause 422, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (e)	ascular disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU Yes	TOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) (CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (ST	PATE)
TIME (Month) (Day) (Year) (Hour) INJULY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes cocident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED		
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 3/20/51 M. Harmo		(State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDR. Ritchie Brothers Upper Marlb	ESS



Evidance for additions in red shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02863

1. PLACE OF DEATH - MAIN OU 33	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	STATE COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	- MARYland - Prince Ge	orges
OR give nearest town) / (in this place)	OR CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN (heverely 6 hrs	TOWN RIVERDALO	
HOSPITAL OR	STREET (If fural, give location)	
INSTITUTION OR	ADDRESS 4510 - Rittenhouse	*-
STREET ADDRESS / RINCE GEO. GENERAL.		UT
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Marca Fret W	COLGURN. DEATH MAR	25 1951
		year If under 24 hrs.
WIDOWED, DIVORCED,		Days Hours Min.
remale Minite (Specify) IN 10000	2/ DADI 10/2 / July 18.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY home	Mashington D.C.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Meadare Nauch	unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Charles Musple - 4510 Retten	1
18. MEDICAL CEI		nouse w
18. MEDICAL CEI	RIPICATION Reverdale Mrs.	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
1111-1011	11210 11	11
Immediate cause (a) MYOCARDIAL	INTARCTION	HOURS
11 00 8		
400 / Antecedent cause(s)	NSUFFICIENCY	2 wkc
Diseases or conditions, if any, (b)	NSUFFICILIDE7	
giving rise to the above cause stating the underlying cause last		. 10
HYPERTENCIA	HEART DISEASE	Years
(c) ////////////////////////////////////	TEMIN DISCHE	7-4/3
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from March.	17.051 . Harry 14.061 11. 12.	Harris III a la l
22. I hereby certify that I attended the deceased from A. A. A. M.	, 19.3, to//9/3/3,, 19.2, that I last sa	w the deceased
alive on March 24, 1951, and that death occurred at	4057	
	ADDRESS	
DIGITALONI		DATE SIGNED
Bou Sh 11. min 2010	1.345+ hit. Rainer hil	3.23.51
10 000		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		
The course of th	RY OR CREMATORY LOCATION (City, town, or county	(State)
RUMOVAL (Specify) 3-17 C/		D. C (State)
RUMOVAL (Specify) 3-27-51 PROSPECT	Hill (EMETERY) WASHINGTON	D.C.
RUMOVAL (Specify) 3-17 C/	Will EMETERY WASHINGTON 24 FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Hill (EMETERY) WASHINGTON	D.C.

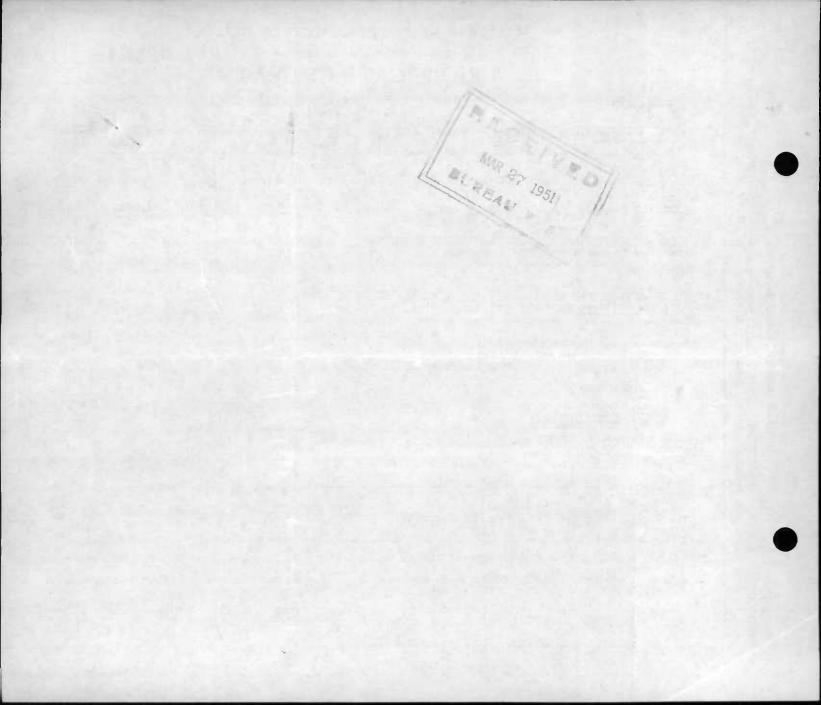


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	ORY (If outside corporate lights, write BURAL and give nearest town) ORY TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS QUITE SAUITARIUM	STREET ADDRESS 1338 Gallaliu W. W.
3. NAME OF DECEASED (First) (First) (Type or Print) Marie S. Middle)	Level of DEATH March 23 1957
5. SEX 6. COLOR/OR DACE 7. SINGLES MARRISON WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Wonths. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry	11. PIRTIPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Shisella	14. MOCHER'S MAIDEN NAME GERRERIE.
15. WAS DECEMBED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	P. S. Coldenshort 5509 4 th W.W.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	advert tropper trile 14 is 2
Immediate cause (Lulmonauf emboli	is une to giorce our. Ly owners
Antecedent cause(s)	Misopaelitia Manileon
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Preses Clerosio Many years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) SUICIDE (Form, farm, factory, street, OF office bldg., etc.) INJURY	June Ismutain PSC mis
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 3 - 14 51 2 m. Work At work	while isalking - fell to the floor.
22. I hereby certify that I attended the deceased from	, 19.49, to 3/2.3 , 19.61, that I last saw the deceased
alive on 3/23, 1951, and that death occurred at	ADDRESS ADDRESS
Lessel Corains M.D.	James Sambarum James Ma 3/23/07
23. BURIAL, CREMATION DATE RESOLUTION B 27-S- NAME OF CEMETE	eff leur back 100
MATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR DE SUS CUSSO DE LA DESIGNACIÓN DEL DE LA DESIGNACIÓN DE LA DESIGNACIÓN DE LA DESIGNACIÓN DE LA DELIGIA DELIGIA DE LA DELIGIA DE LA DELIGIA DELI



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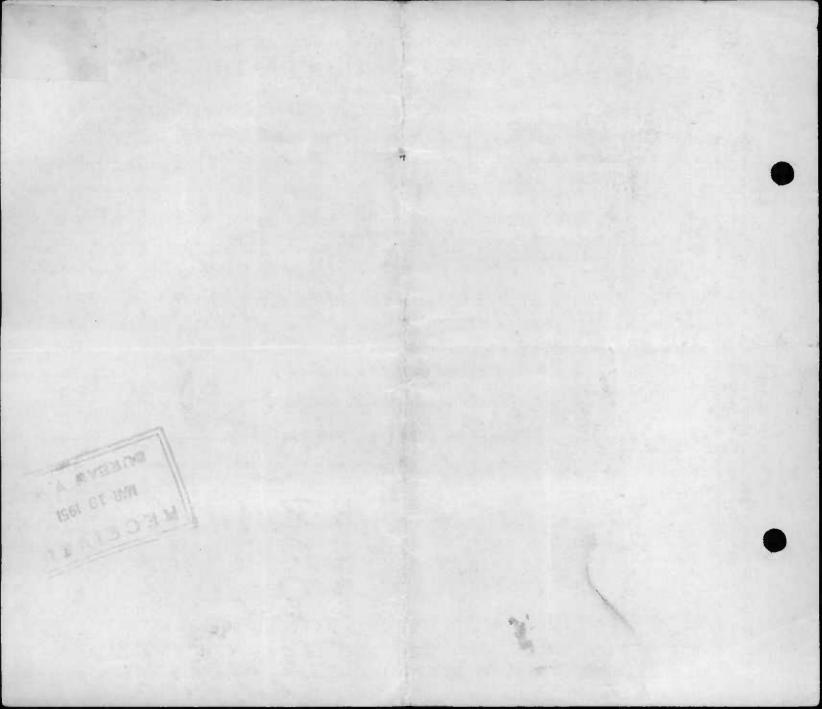
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02865

Reg. Dist. No. 23/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND CITY (Louisign contrate limits write RURAL and LENGTH OF STAY	CITY (If outside experite limits, write RURAL and give nearest town)
OR give negrest to n) TOWN COMPANY OF STAY	TOWN Cishton
HOSPITAL OR INSTITUTION OR 2500 Books Hemlworth a	STREET (If ru al give lo atlon)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Suggestion (R)	auford DEATH 3-14- 1957
5, SEX 6. COLOR OR BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE iast hirthday If under I year If under 24 hrs. 12-24-1894 56 yrs. If under I year If under 24 hrs. Months Days Hours Min.
done diring most of working life, even if retired) 10b. Kind of Business OR Lebustry Lebustry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY COU
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1 Denjamin Vawford	Clorines People
15. WAS DECRARED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, 40 or unknown) (If yes, give war or dates of 2/3-10-0026	Spris W. Crawford - Wife
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Hemanhage 8	shock-
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause	V, cerrical relation, pelis
stating the underlying cause iast & both light	1-10
II. OTHER SIGNIFICANT CONDITIONS	automobile
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21 NYMEDYAL CAUGE WAS SHOOT IN A STATE OF THE STATE OF TH	Yes No No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office (Fig. etc.) CAUSE OF DEATH.	(COUNTY) (STAFE)
TIME (Month) (Day) (Year) digural iNJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY 3-15-51 Am. While at work work work	white walking on street.
22. I certify that I took charge of the remains described obove, held an A	Autopsy [], Inspection , Inquiry thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: noturol causes ☐, accident ☒, suicide ☐, homicide ☐,	vased died on the day stated above, and death in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
John . Maloner A.D. Dep- med hom	1 Charl . W.d. 3-15-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (Oty, to in or county) (State)
Brusal 1-1-31 No eusage	hope Caphollon, Wal
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/15/5/ Un anka Denney	24. FONERAL DIRECTOR ADDRESS
7,0,0,1,0,1,0,0	111-40- 40-
U	elicof lity, Ma. 820/05



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

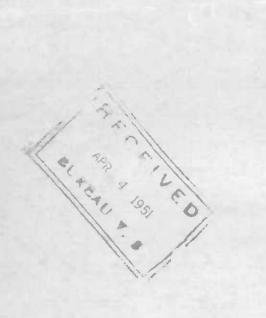
2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

02865 248

Reg. Dist. No. 75.5

1. PLACE OF DEATH COUNTY WATER O- Prio of GRANTIAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	in the carry
CITY (If outside corporate limits, write RUR), and LENGTH OF STAY OR give nearest town) TOWN	CITY (If outside corporate limits, write RHRAL and grove TOWN	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MO	STREET (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Cype or Print) Arilliann Colleges (Colleges of Colleges of Colle	(Last) 4. DATE (Month) OF DEATH MANCH	(Day) (Year) 3/ 195/
6. COLOR OR JACE 7. SINGLE, MARRIED, WIDOWED, DWORCED (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Cross	14. MOTHER'S MAIDEN NAME Clinabell arm al	bey
15. We Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, rive war or dates of service)	17. INFOGRANT AND ADDRESS	Tool hed
18. MEDICAL CEI	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Contaction	Hend Failure	1 teasthe
Immediate cause (a)	The Talley	& Monte
Antecedent cause(s)	F. Lillatine	12 cometh
Diseases or conditions, if any, (b) giving rise to the above cause		4 money
stating the underlying cause last	1	
	lorgain	20 Am
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	with	20 gm
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	wyw	20. AUTOPSY?
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION NOW		Yes D No
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COUNTY	Yes D No
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Sprily) PLACE (Home, farm, factory, street, OF office bidg., etc.) OF office bidg., etc.) INJURY TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED OF While at Not While		Yes No
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Sprily) PLACE (Home, farm, factory, street, OF office bidg., etc.) OF office bidg., etc.) INJURY TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR?	Yes No No (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Sprify) PLACE (Home, iarm, factory, street, OF office bidg., etc.) 21. ACCIDENT (Sprify) PLACE (Home, iarm, factory, street, OF office bidg., etc.) 22. ACCIDENT (Sprify) INJURY TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED While at Not Willow Work At work	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR? 19.51, to Man. 31, 19.51, that I last s	Yes No No (STATE)
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Speily) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED While at Not Wille INJURY 22. I hereby certify that I attended the deceased from At work 1 24. Address of Course 1 25. Address of Course 1 26. Address of Course 1 27. Address of Course 1 28. Address of Course 1 29. Address of Course 1 20. Address of Course 1 20. Address of Course 1 20. Address of Course 1 21. Accident 1 22. Address of Course 1 23. Address of Course 1 24. Address of Course 1 25. Address of Course 1 26. Address of Course 1 27. Address of Course 1 28. Address of Course 1 29. Address of Course 1 20. Address of Course 1 21. Accident 1 22. Accident 1 23. Accident 1 24. Address of Course 1 25. Address of Course 1 26. Address of Course 1 26. Address of Course 1 27. Accident 1 28. Address of Course 1 29. Address of Course 1 29. Address of Course 1 20. Address of Course 1 21. Accident 1 21. Accident 1 21. Accident 1 22. Accident 1 23. Accident 1 24. Accident 1 25. Accident 1 26. Accident 1 27. Accident 1 28. Accident 1 29. Accident 1 20. Accident 1 21. Accident 1 21. Accident 1 22. Accident 1 23. Accident 1 24. Accident 1 25. Accident 1 26. Accident 1 26. Accident 1 27. Accident 1 28. Accident 1 29. Accident 1 20. Accident 1 21. Accident 1 21. Accident 1 22. Accident 1 23. Accident 1 24. Accident 1 25. Accident 1 26. Accident 1 26. Accident 1 27. Accident 1 28. Accident 1 29. Accident 1 20. Accident 1 20	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1951, to Man. 31, 1951, that I last standard the date standard man. 1951, the date sta	yes No No No (STATE) saw the deceased tated above. DATE SIGNED
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.51., to Man. 31., 19.51., that I last standard from the causes and on the date standard from the causes are caused from the causes and on the date standard from the causes are caused from the cause and the cause are caused from the cause and the cause are caused from the cause	yes No No No (STATE) saw the deceased tated above. DATE SIGNED
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Socily) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Pay) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.51., to Man. 31., 19.51., that I last a land and the date standards and on the date standards and the date stan	yes No No No (STATE) saw the deceased tated above. DATE SIGNED



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02867

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PR. GEO. MARYLAND	STATE MARY/AND COUNTY DR CEO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	l OR
TOWN WASHINGTON LO, DL. 25 YEARS	TOWN WASHING TON 20, D.C.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 6601 TUCKER Rd., S.E.	ADDRESS 6601 TUCKER Rd. S.E.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED TOHN THOMAS DELO	ZIER DEATH 3 78 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 bro
WIDOWED, DIVORCED,	Months Days Hours Min
MALE WHITE (Specify) WIDOWED	3 · 5 · /900 5 / yrs.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, ever if retired) INDUSTRY	MARVIAND COUNTRY?
12 FATHERIS AND	14 MODELEDIS MATERIA MANO
13. FATHER'S AME	14. MOTHER'S MAIDEN NAME
MARCELLUS DELOZIER	Sarah man
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (II yes, give war or dates of	
service)	JOHN THOMAS DELOZIER JR.
18. MEDICAL CEI	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
0.00.	1 1. Ilhen lond . Tukun
Immediate cause (a) (Islulyscia, au	I Suffocation, unterson
ath	00 11 Conssumed.
Antecedent cause(s)	The second
Diseases or conditions, if any,	aulianu
Diseases or conditions, if any, (a)	aulinour
Diseases or conditions, if any,	Telf. aulineur
Diseases or conditions, if any, (a) giving rise to the above cause stating the underlying cause last	telf. auliann
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS	Telf. aulianu
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	aulineur
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2411 N. Charles Street, Baltimore

02868

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				OI.			

V	Reg. Dist.	Ted
I. PLACE OF DEATH- COUNTY Prince TOPE O MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y fastan
CITY (If outside corporate limits, write TORAL and OR give nearest town) CHOCKET (If outside corporate limits, write TORAL and OR give nearest town) CHOCKET (In this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O. Waldorf	STREET (If rural give location)	
3. NAME OF DECEASED (First) Hercy Hoddle) (Type or Print)	Last) 4. DATE (Month) OF DEATH Mach	(Day) (Year) 2 2 19 57
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 7. Or release	June 1/ 1897 \ 3/ yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give lend of work done during most of working life, even if retired) INDUSTRY INDUSTRY	Aquasco. ord.	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEOGE Ollie DE Morr	14. MOTHER MAIDEN NAME Ells Victoria Vor	
15. Was Deceased Everin U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service) 16. Social Security No.	17. INFORMANT H. DE Moor to	wither).
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Typudedis	1d Ly
572 X Antecedent cause(s)	Trace dites Naphriotis	6 mos.
Diseases or conditions, if any, (b)— giving rise to the above cause stating the underlying cause last		
It. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/22	195/, to 3/22, 195/, that I last s	saw the deceased
alive on 3 195 , and that death occurred at SIGNATURE (Degree or title)	ADDRESS from the causes and on the date st	DATE SIGNED
REMOVAL (Specify) 3/26/61	ERY OR CREMATORY LOCATION (City, town, or coun	3-23-3/. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2	A. FUNERAL DIRECTOR	ADDRESS TA
J-23- WINDOW	The state of the s	1401/14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02869

Maryland

FOR MEDICAL	EXAMINERS Re	g. Dist. No.
OUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECE	COUNTY
CITY (If outside corporate limit, write RUBAL and LENGTH OF STAY OF TOWN (In this place)	OR TOWN	
HOSPITAL OR INSTITUTION OR 2121 Gulford Risad	STREET ADDRESS 2/2/ Gral	land Road
3. NAME OF DECEASED (First) Washington Cha	New Dreiser DEATH	(Month) (Day) (Year) Na. 2 4 1957
Male S. COOR OF RACE 7. SINGLE, MARRIED, WILLOWED, DIVORCED, (Specify) Manual		Months Days Hours Min
10a, BSUA), OCCUPATION (Give kind of work of the Kind of Business or done during nost of working life, even if retired) ANDUSTRY	11. BIRTHPLICE (State or foreign country)	12. CITIZEN OF WHAT
John Druger	14. MOTHER'S MAIDEN NAME UNDEMOUTE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yea ho, or unknown) (If yes, give war or dates of service)	17. Informant Jones &	on in law
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coromany C	Techsion	2 1111 1 m 11 1 200 2 2011 4 1000 47 97 97 97 900000 00000000000000000
420, Antecedent cause(s) Coronary	hrombosio	
13/a stating the underlying cause last (c) Candhovas Cu	Ian renal disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21 PYTEDNAT CAUGE WAS DIAGO (U	CITY OF TOWN	Yes No [
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJUR) OCCURRED OF While at Not while Not work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, SIGNATURE (Degree or title)	eased died on the day stated above, and dea	nereon and from the evidence uth in my opinion resulted DATE SIGNED
John J. Malones in is. Des Mrd. Ere	a planned va.	12,25,00
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCKTION (City, to tional Cemetery Arlington	town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
natch 3/1917 James Devere	4) Aug 8 (Yund 8434 Ga. Ave.	, Silver Spring,

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WITH UNFADING INK. mportant. Physicians: please PLEASE WRITE PLAINLY, WITH U

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02870

PLACE OF DEATH		2. USUAL RESIDENCE (I	HOME) OF DECEAS	COUNTY
CITY (If outside corporate limits, write RURAL and LE	MARYLAND ENGTH OF STAY In this place)	OR AU	ate limits, write RUR	AL and give nearest town)
TOWN HOSPITAL OR INSTITUTION OR	16/2/Mn	TOWN STREET ADDRESS	(If guyal give l	ovation)
STREET ADDRESS SHAME VULNOUS 3. NAME OF (First) (Mic	(1902p	/(Last)		onth) (Day) (Year)
DECEASED (Type or Print)	200	Manen	OF DEATH	Mas 4 1951
Male WIDOWE (Specify	D. DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday 4 7 yrs.	If under 1 year If under 24 bra Months Days Hours Min.
done during most of working life, even if retired) INDUSTRY	OF BUSINESS OR	II. BIRTYIPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATTER'S NAME		14. MOTHER'S MAIDEN	. /-/	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (II yes, give war or dates of service)	L SECURITY No.	17. INFORMANT	Beahan	
	18. MEDICAL CE	RTIFICATION (1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING		20/20/0		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	normag	10 shock		
Diseases or conditions, If any, (b)	med sten	ll spelvis or c	ruchedeh	est
stating the underlying cause last	the by a	antomobile		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, f	6	(CITY OR 7	FOUND OF	Yes No COUNTY) (STATE)
PRIMARY FOR CONTRIBUTING OF office bld.	west	Beruran	-17. Se	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at work	Not while at work	Sound by an	tomobile us	ile crossing 8+1
 I certify that I took charge of the remains describe obtained by said Autopsy, Inspection or Inquiry, j 	find that said dece	ased died on the day stafe	Inquiry ther d above, and death	eon and from the evidence in my opinion resulted
from: natural causes , accident , suicide SIGNATURE	, homicide ,	undetermined □. ADDRESS		DATE SIGNED
John Maloney M.D. D N.	ud-Gram	RY OR CREMATORY	yallanle OCATION (City, tow	n. or county) (State)
REMOVAL (Specify) & movel 1951 /	Jeest 3	010000	. Ossasses	(State)
PATE REC'D BY LOCAL REGISTRAR'S SIGNATOR REGILL 5 1917 Acres, Se	e vees	24. FUNERAL DIRECTO	ms: Hu	ADDRESS
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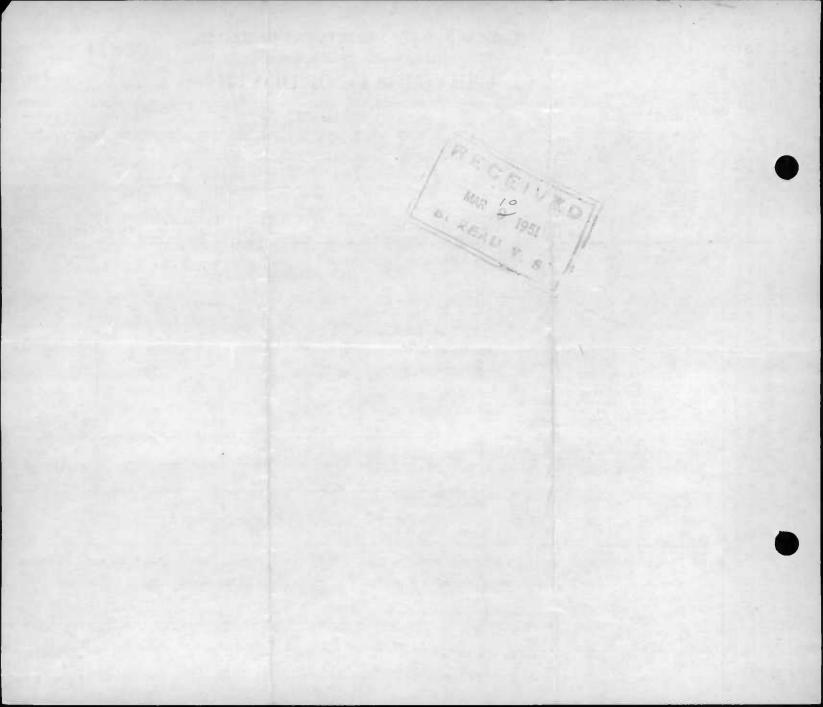
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02871

CERTIFICAT	'E OF DEATH Reg. Dist. No.	245
1. PLACE OF DEATH- COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Maryland	r.Geo.
CITY (If outside corporate limits, write RURAL and OR givo nearest town) TOWN HOSPITAL OR CITY (If outside corporate limits, write RURAL and OR givo nearest town) TOWN Rainier 7 7 7 7 7 7 7 7 7 7 7 7 7	CITY (It outside corporate limits, write RURAL and given on the Running of the Corporate limits, write RURAL and given on the Corporate limits and given on the Corpora	ve nearest town)
STREET ADDRESS 4225-29th. street	ADDRES 4225-29th. street	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Leon	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	9. AGE last hirthday 1 under 9/19/1880 70 yrs.	l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business or Retrief "Carryent's entitle en Business or	Road . Washington . N.C. U	COUNTRY?
13. FATHER'S NAME Frank Durand 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	Roxanna Waters	
(Yes, no, or unknown) (If yes, give war or dates of 579-30-3231	Harold J. McDonnell 4225-29	
Is. MEDICAL CE. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Ppreme + colon	INTERVAL BETWEEN ONSET AND DEATE
stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on How How, 1951, and that death occurred at Degree or title) 23. BURIAL CREMATION DATE THEREOF (NAME OF CEMETE	19.45, to May 5, 1951, that I last standard the date standard the date standard to the date s	ated above. DATE SIGNED
REMOVAL (Specify) Burial DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Memorial Park Riggs Rd Exte	nded Md
- Priory 1951 mo Jas, Soverel Sofut	Malley's Funeral Home 3200-	R.I. Ave.
	0/	



VS. A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02872

1. PLAGE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CLOSE MARYLAND	The angland to Score	1/2
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and DENGTH OF STAY (If -this place)	CITY (If outsite corporate limits, white RUBAL and OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Mari Shret	ADDRESS 201 Warm Shr	et
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH Mag. 2	(Day) (Year)
5. SEX 6. COLOR-OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done duffing most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. PATHER'S NAME TO She	14. MOTBER'S MAIDEN NAME	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Eugenia S. Fishir - W	1 Ju
18. MEDICAL CE	RTIFICATION	J .
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	enter larget 1 has	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) As well con g	esure journ janena	***************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Curterios claro	sio	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH.	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJULY OCCURRED While at Not while work at work [HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decer from: natural causes , accident , suicide , homicide , sIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) March 31 1951 Action of the party of the pa	used died on the day stated above, and death in my a undetermined ADDRESS RY OR CREMATORY LOCATION (City, town, or count)	DATE SIGNED W. 3-29-51
	632808	

MEDELVED MR & 19511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1 193

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02873

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEAT COUNTY	==		2. USUAL RESIDENCE	(HOME) OF DECEASED.	NTY
PEL	ce Georges	MARYLAND	11		
OR give nearest	corporate limits, write F t town) Riverdal	(TOWN Wash	orate limits, write RURAL an ington, D.C.	
HOSPITAL OR INSTITUTION O STREET ADDRE	R Leland Mem	orial Hospital	STREET ADDRESS 294	(If rural, give location of the McKinley Stre	
3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) ALFRED F	(Lest) ITZGERALD	4. DATE (Month) OF DEATH March	(Day) (Year) 29, (Year)
5. SEX	6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday If un	der 1 year If under 24 hrs. ths Days Hours Min.
Male	White	WIDOWED DIVORCED, (Specify) Married	Sept.5,1885	, , , , , , , , , , , , , , , , , , , ,	24
done during most of v	PATION (Givo kind of working life, even if retire Trossurer	rock 10b. Kind of Business on Innternational Union of Operating	New York Cit	y, N.Y.	COUNTRY? U.S.A.
John Fitz	Æ _	Engineers	Catherine M	ladra in	
15. WAS DECRASED E Yes, no, or unknown)	(If yes, give war or de service)	RCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND Mrs.Mary Fit	d Address Ezgerald ,2946-Mo	Kinley St.N.W.
***************************************		18. MEDICAL C	ERTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECT	LY LEADING TO DEATH	1	Q 0	INTERVAL BETWEEN ONSET AND DEATH
		Temple of he	unhere on	7. Sammanle	2 1-2 fac
Immediat	te cause (a)		J.,	()	Jane Con
A A Antecode	nt cause(s)	The later	1 7 7 7	The state of the s	
Diseases or	conditions, if any, (b)	many my	luns o min	market	Suc
	to the above cause underlying cause last	hear offer	n .01		
Of seating the	(c	market over	veyth		gras
Conditions contrib	ICANT CONDITIONS uting to the death but n	ot			
9a. DATE OF OPE	RATION 19b. MAJO	OR FINDINGS OF OPERATION	()		20. AUTOPSY?
0					Yes No No
I. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bidg., etc.) (NJURY	(CITY OF	(COUN	
TIME (Month) OF INJURY	(Day) (Year) (Hou		HOW DID INJURY	OCCUR?	
		the deceased from	0-/5 7 to 3	1.79, 195.), that I las	st saw the deceased
-15	3/128/1051	, and that death occurred at			
alive on	19	(Degree or title)	ADDRESS	de causes and on the date	e stated above. O DATE SIGNED
SIGNATURE	· A'Hot	ohn mo	300 Underrord	Sonw Wash	De 3/19/5,
BURIAL CREM	CATION DATE THE	2/51 Beaverdal	e Cem,	New Haven	Conn (State)
DATE REC'D BY	LOCAL REGISTRA	R'S SIGNATURE	24. FUNERAL DIREC		ADDRESS
REG march	29.1951 Mas	tas Sovere White	Martin W.	Husons 60: -	1300-NST N1
T, Car Call		4	7	1	S S WIA ALA D.



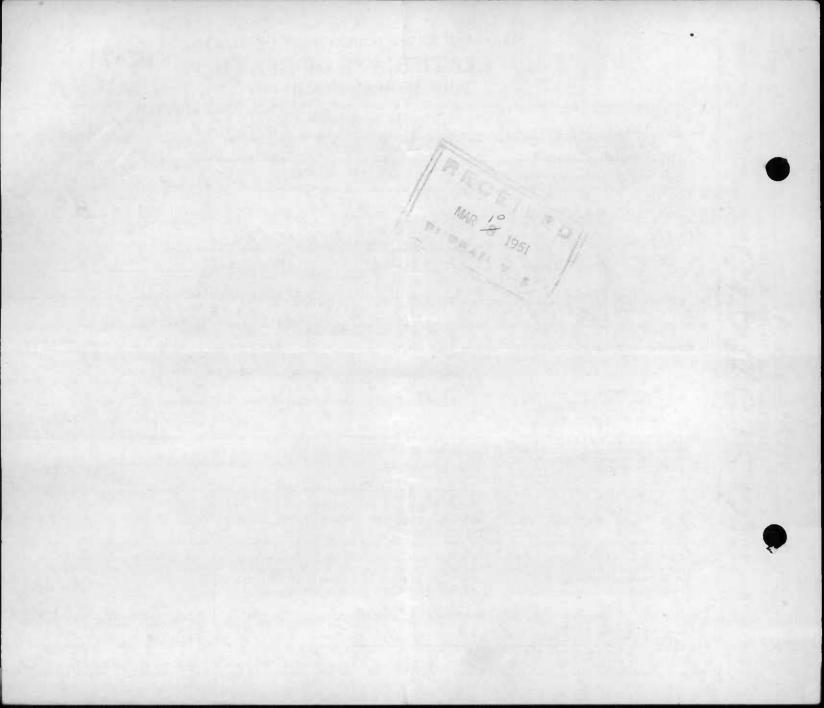
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02874

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
CITY (If outside corporate limits, write RURAL and OR OR OF chearest lown) OR OF chearest lown OR OF chearest lo	Moune	
OR greenest town limits, while RURAL and LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
	TOWN Cuansla	
HOSPITAL OR INSTITUTION OR 6014-67 m Place	STREET ADDRESS 4 3 Childo 8 to	ut 1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) d (Year)
Type or Print) CLOSE FOURKD F	letcher DEATH Man.	9 = 1951
Male Color of Race 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Nichows	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year If under 24 hrs. Hours Min.
19a USVAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR .		CITIZEN OF WHAT
dolle during most of trofking life, even If retired) Clinic. PO. Dent	Marie	Contract of
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-,
Charles Fletcher	Comie Leaver	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war, or dates of NoNE	Warren S. Fletcher	
18. MEDICAL CE	RTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	+ / - 1 1	Ontone Mino Danes
Immediate cause (a) (a)	islive heart failine	
442 Antecedent cause(s)	1	
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the ahove cause stating the underlying cause last	cular renal disease	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		1
Canditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		
		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No M
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	Yes No M
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No M
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.		Yes No M
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY While at work at work	HOW DID INJURY OCCUR?	Yes No M
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work at work 22. I certify that I took charge of the remains described above, held an A	HOW DID INJURY OCCUR?	Yes No Y (STATE)
PRIMARY or CONTRIBUTING Of office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while ns. Work at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	HOW DID INJURY OCCUR? Lutopsy , Inspection , Inquiry thereon and just died on the dru stated above, and death in mu	Yes No Y (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work at work 22. I certify that I took charge of the remains described above, held an A	HOW DID INJURY OCCUR? Lutopsy , Inspection , Inquiry thereon and just died on the dru stated above, and death in mu	Yes No Y (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decentaries natural causes A. accident , suicide , homicide , (Degree or title)	HOW DID INJURY OCCUR? Lutopsy □, Inspection ⋈, Inquiry ⋈ thereon and assed died on the day stated above, and death in my undetermined □.	Yes No Y (STATE) from the evidence opinion resulted
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decentaries natural causes A. accident , suicide , homicide , SIGNATURE PRIMARY OR CONTRIBUTING OF office bldg., etc.) INJURY OCCURRED While at work at work of inspection of Inquiry, find that said decentaries natural causes A. accident , suicide , homicide , Cogree or title)	How DID INJURY OCCUR? Latopsy , Inspection , Inquiry thereon and ased died on the day stated above, and death in my undetermined . ADDRESS Cheverly-basattanlle	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED
PRIMARY OR CONTRIBUTING OF office idea., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes , accident , suicide , homicide , sIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOE NAME OF CENETE REMOVAL (Specify)	HOW DID INJURY OCCUR? Lutopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS Lucy	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries natural causes I, accident I, suicide I, homicide I, SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE THEREOE NAME OF CENETE REMOVAL (Specify) MARCH SIGNATURE	How DID INJURY OCCUR? Latopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS Chevely-Hyattanlle RY OR CREMATORY LOCATION (City, town, or count CHETERY HABUSTA	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED Med 3- Hall (State)
PRIMARY OR CONTRIBUTING OF office idea., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF While at Not while at work 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decenfrom: natural causes , accident , suicide , homicide , sIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOE NAME OF CENETE REMOVAL (Specify)	HOW DID INJURY OCCUR? Lutopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS Lucili-by attrible RY OR CREMATORY LOCATION (City, town, or count of the count o	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work OF INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentage in the said and a contribution of the said decentage of the said of the	How DID INJURY OCCUR? Latopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS Chevely-Hyattanlle RY OR CREMATORY LOCATION (City, town, or count CHETERY HABUSTA	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED Med 3- Hall (State)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work OF INJURY 22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentage in the said and a contribution of the said decentage of the said of the	HOW DID INJURY OCCUR? Lutopsy , Inspection , Inquiry thereon and assed died on the day stated above, and death in my undetermined . ADDRESS Lucili-by attrible RY OR CREMATORY LOCATION (City, town, or count of the count o	Yes No M (STATE) from the evidence opinion resulted DATE SIGNED Med 3- Hall (State)



VS. A15A

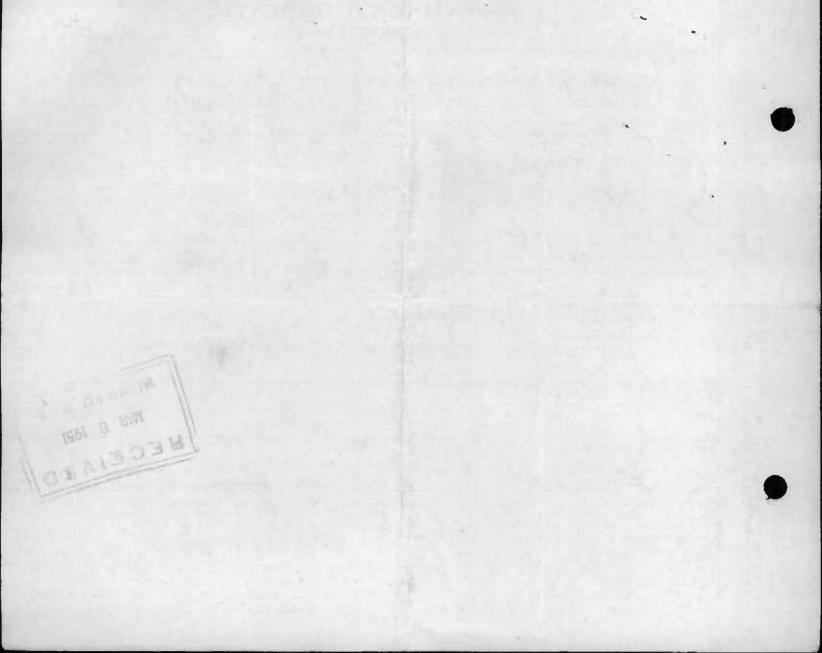
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

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ANNE OF STAND ORDERS OF ORDER DECEMBER OF STAND ORDER OF STAND ORDER OF STAND ORDER ORDER OF STAND ORDER ORD	CITY (If outside composed lights, write RURAL and LESSTER OF STAY TOWN STANDARD STANDARD STREET ADDRESS WITH STITUTION OR STREET ADDRESS WITH STREET WORK WITH STREET ADDRESS WITH STREET WORK WITH STREET ADDRESS WITH STREET WORK WITH STREET W	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED GOUNTY
HOSPITAL OR STREET ADDRESS MILE GROUP GENERAL CONDITIONS COUNTY NO. 11. OFFERS AND CONDITIONS DIRECTLY LEADING TO DEATH S. NAME OF PRINCIPLE STREET ADDRESS 4306 (Nonth) (Day) (Year) Hours Hours Maddle) S. NAME OF PRINCIPLE STREET ADDRESS 4306 (Nonth) (Day) (Year) (Hough Specify) (Part of Pitch) (Par	HOSPITAL OR INSTITUTION OR MALE CONTRIBUTION COUNTY) TREET ADDRESS 4306 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR give nearest town) write RURAL and LENGTH OF STAY	OR CITY (If outside corporate limits, write RURAL and give hearest town)
3. NAME OF DECEASED (First) (First) (Pirst) (P	3. NAME OF DECEASED (First) (Middle) (Lat) (Lat) (Proper of Pint) (Proper	HOSPITAL OR INSTITUTION OR CARRIE CARRIE CARRIED HOSPI	STREET ((If ru'al give location) /
5. SEX 6. COLOR OF RACE T. SINGLE MARRIED. WIDOWED BUVORCED (Specify) Manual Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done) USpecify) Manual Months Days Hours Min. 10b. Kind of work done, with gife, even if retired to the fired of Months Days Hours Min. 11a. PATHER'S NAME 11b. PATHER'S NAME 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE 11c. WGDDCRASED FVER IN U.S. ARMED FORCES! 16c. SOCIAL SECURITY NO. 17c. INFORMAN TANCE TAN	5. SEX 6. COLOR OF HACE T. SINGLE MARRIED. WIDOWED MYORED SUPPLY MONTHS TO THE SIGNIFICATION (Give kind of work of the working life, even if reliefed) (Specify) Many C. (1990) (Specify) Many C. (1	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
10. USLIAL OCCUPATION (Give kind of work) 10b. Kind of Business or the surface of the control of	19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	5. SEX 6. COLOR OF RACE 7. SINGLE/MARRIED. /	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
16. WEDDERASED FOR IN U.S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. INFORMANY] (Yes, b.6, or unknown) (If yes, five war or dates of 134-09-44/37) Indica Gaston-Wife. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Antecedent cause (a) Interval Between ONSET and DEATH Antecedent cause (a) Interval Between Onset and Death Death Death Onset and Death	16. Wed Decases over In U.S. Armed Forcest 16. Social Security No. 17. INFORMANT (Yes, 64, or unknown) [If yes, five war or dates of 1 34 - 09 - 445) Sunda Gaston - Wife. 18. MEDICAL CERTIFICATION Interval Between Organic Property Sunda Gaston - Wife. 18. MEDICAL CERTIFICATION Interval Between Organic Property Sunda Gaston - Wife. 19. Antecedent cause (a)	done with most of working life, even if retired) Note with the second s	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Comparison Com	Conditions contributing to the death but not related to the disease or conditions ausing death. PLACU (Home, farm, factory, street, PRIMARY R or CONTRIBUTING OF OF OFERATION PRIMARY R or CONTRIBUTING OF OF OFERATION PRIMARY R or CONTRIBUTING OF OF OFERATION PRIMARY R or CONTRIBUTING OF OFERATION PRIMARY R or CONTRIBUTING OF OFERATION PLACU (Home, farm, factory, street, PRIMARY R or CONTRIBUTING OF OFERATION PLACU (Home, farm, factory, street, PRIMARY R or CONTRIBUTING OF OFERATION PLACU (Home, farm, factory, street, PRIMARY R or CONTRIBUTING OF OFERATION PRIMARY R or CONTRIBUTING OF OFERATION PLACU (Home, farm, factory, street, PRIMARY R or CONTRIBUTING OF OFERATION PRIMARY R or COUNTY PRIMARY R or CONTRIBUTING OF OFERATION PRIMARY R or COUNTY PRIM	george gaston	Clara Francis
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last [c] II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office lidg, etc.) OF office lidg, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFICE While at work of the remains described above, held an Autopsy [A. Inspection [A. Inquiry [A. Interior and from the evidence]	Immediate cause Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last [c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bidg, etc.) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bidg, etc.) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 22. I extiguted (Month) (Day) (Year) (Hour) INJURY OCCURRED OF DEATH. 22. I certify that I took charge of the remains described above, held an Autopsy M. Inspection of Inquiry find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes are conditioned by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes are conditioned by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes are conditioned by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes are conditioned by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes are caused to the day stated above, and death in my opinion resulted from: natural causes are caused to the day stated above, and death in my opinion resulted from: natural causes are caused to the day stated above, and death in my opinion resulted from: natural causes are caused to the day stated above, and death in	(Yes, 66, or unknown) (If yes, five war or dates of	prida gaston- Wife.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Iga. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING OF office bidg. egc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OPERATION INJURY OCCURRED OPERATION INJURY OCCURRED OF OPERATION INJURY OCCU	Signature		INTERVAL BETWEEN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last [c] II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. IPA. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes M No 21. EXTERNAL CAUSE WAS PRIMARY No CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFIce bldg, etc.) OF ONLY OFFICE BLDG, etc.) ON	Antecedent cause (s) Diseases or conditions, it say, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, Cause of DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED INJURY OCCURRED INJURY 3-5-5/. O An While at work work work of the contained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide X, homicide X, homici		UNSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last [6] II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [7] 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Work 100 Mile a	Diseases or conditions, If any, (b)	971.8 Immediate cause (a)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 21. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY 10. AUTOPSY! 11. OTHER SIGNIFICANT CONDITIONS 120. AUTOPSY! Yes No 21. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING OF office bldg, etc.) INJURY 121. EXTERNAL CAUSE WAS PRIMARY NOR CONTRIBUTING OF office bldg, etc.) INJURY 122. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence	Stating the underlying cause last (c) (c) (d) (d) (e)	Diseases or conditions, if any, (b) 0100000000	eyande poisoning
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF ONLY ONLY OF ONLY OF ONLY ONLY OF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING OF office idea, etc.) PRIMARY & OR CONTRIBUTING OF office idea, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED FLOW DID, INJURY OCCUR? Continued a graphilic office in the state of Death of the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED DATE SIGNED DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 24, FUNGRAL DIRECTORS APPORESS APPORESS	163 g stating the underlying cause last	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF ONLY ONLY OF ONLY OF ONLY ONLY OF ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING OF office idea, etc.) PRIMARY & OR CONTRIBUTING OF office idea, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED FLOW DID, INJURY OCCUR? Continued a graphilic office in the state of Death of the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED DATE SIGNED DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 24, FUNGRAL DIRECTORS APPORESS APPORESS	II. OTHER SIGNIFICANT CONDITIONS	
21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF Notwhile INJURY 3-5-51 / 20 m. Work at work of the remains described above, held an Autopsy M. Inspection M. Inquiry M thereon and from the evidence	21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bidg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OCCURRED ON INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCUR	Conditions contributing to the death but not	
21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bldg, etc.) OF office bldg, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 3-5-51 / 30 m. Work at work 2 Not while 10. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF office bldg, etc.) INJURY 3-5-51 / 30 m. While at work 2 Not while at work 2 Not while 22. I certify that I took charge of the remains described above, held an Autopsy 2. Inspection 3. Inquiry 3 thereon and from the evidence	21. EXTERNAL CAUSE WAS PRIMARY YOR CONTRIBUTING OF Office Ideq, farm, factory, street, OF Office Ideq, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY 3-5-5 / Office Ideq, etc.) While at Not while INJURY 3-5-5 / Office Ideq, etc.) While at Not while INJURY 3-5-5 / Office Ideq, etc.) While at Not while INJURY 3-5-5 / Office Ideq, etc.) While at Not while INJURY OCCUR? OF Office Ideq, etc.) INJURY OCCUR? OF OFFICE INJURY OCCUR? OF Office Ideq, etc.) INJURY OCCUR? OF OFFICE INJURY OCCUR? OF Office Ideq, etc.) INJURY OCCUR? OF OFFICE INJURY OCCUR? OF Office Ideq, etc.) INJURY OCCUR? OF OFFICE INJURY OCCUR? OFFICE INJURY OCCUR? OF OFFICE INJURY OCCUR? OFFICE INJURY OCCUR? OF OFFICE INJURY OCCUR? OF OFFICE INJURY OCCUR? OFFICE INJURY OCCUR? OFFICE INJURY OCCUR? OFFICE INJ	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
PRIMARY & OR CONTRIBUTING Off office bldg. etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work of the remains described above, held an Autopsy of Inspection of Inquiry of the remains described above, held an Autopsy of Inspection of Inquiry of the remains described above, held an Autopsy of Inspection of Inquiry of the remains described above.	PRIMARY YOR CONTRIBUTING OF office bidg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY OF INJURY OCCURRED OCCURRED OF INJURY OCC	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID, INJURY OCCUR? Confirmed a granulty of the remains described above, held an Autopsy M. Inspection M. Inquiry M. thereon and from the evidence	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 3-5-5 / 1-30 ml. While at work while at work at work of the remains described above, held an Autopsy M. Inspection M. Inquiry M. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M. accident M. suicide M. homicide M. nundetermined M. SIGNATURE Observe or title ADDRESS	PRIMARY FOR CONTRIBUTING OF Office bldg. etc.) CAUSE OF DEATH.	2011
22. I certify that I took charge of the remains described above, held an Autopsy N. Inspection N. Inquiry N. thereon and from the evidence	22. I certify that I took charge of the remains described above, held an Autopsy N, Inspection N, Inquiry N thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes N, accident N, homicide N, homicide N, undetermined N. SIGNATURE DATE SIGNED ADDRESS DATE SIGNED S. BURIAL, CHEMATION DATE THEREO, NAME OF CEMETERY OF CREMATORY LOCATION (City, town, of county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNTRAL DIRECTOR	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID, INJURY OCCUR? Consumed a gragulte
22. I certify that I took charge of the remains described above, held an Autopsy M, Inspection M, Inquiry M thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted	oblained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) ADDRESS DATE SIGNED 2. BURIAL, GREMATION DATE THEREOF, NAME OF CEMETERY OF CREMATORY LOCATION (Crest town, of county) DATE RECT BY LOCAL REGISTRAR'S SIGNATURE 24. FUNYRAL DIRECTOR		
	from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED D	22. I certify that I took charge of the remains described above, held an A	utopsy M, Inspection M, Inquiry M thereon and from the evidence
from: natural causes [], accident [], suicide [], homicide [], undetermined [].	DATE RECTO BY LOCAL REGISTRAR'S SIGNATURE 10 Man Cheverly State State State State Signature 24 FUNERAL DIRECTOR APPRESS SIGNATURE 24 FUNERAL DIRECTOR APPRESS SIGNATURE	from: natural causes [], accident [], suicide X, homicide [],	
DATE SIGNED	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ANDRESS	O SIGNATURE (Degree or Citie)	DATE SIGNED
18 hr. Maloney M. J. J. M. Warn. Chevaly Hyallouthe md 2-5,51	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR APPRESS	John . Malony M. J. J. M. M. Warn .	herely trattsulle med 2-5,51
Cremeral Specify 3/7/0-1 Cedar Hill Cemeling Sculland and	RECOLL III	Cremoal Epoliv 3/7/5 Cedar 14	ill Cemeling Sintland and (State)
REGOLI III III III III III III III III III	0/6/5/ 1 under & mind		I Cascas Ine Halleville hy



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 22/5

1. PLACE OF DEATH: county Prince Georges Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)		
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)		
	Street No. 5823 31 st Pl. Hyattsville Md. (Ifrurat, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Randolph W. Gilbert J			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W Single.	20. DATE DF DEATH 3/30/51 19 at 1.20 A 1		
6.(b) Name of husband or wife None.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
R (e) If alive give age	5/28/50 19 to 3/30/57 19		
7. Birth date of deceased (mo., day, yr.) 3/28/50 1 Yr.	and that I last saw has alive on 19.		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
1hrs.	Bronchop archion a 2days		
9. Birthplace	Due to gostro enteritore 4hoys		
10. Usual occupation None			
11. Industry or business None.	Due to. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		
E 12. Name Rendolph W Gilbert Sr.	1/900		
Va. 13. Birtholace	STACE CONDITIONS		
	(Include pregnancy within 3 months of death)		
14. Maiden name Margaret Hindgardner. 15. Birthplace D.C.	Major findings of operations.		
	Date of op.		
16. Informant Mr Randolph W Gilbert Sr.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address 5823 31st Pl. Hyattsville Md.	CO MOURIUM IN A STATE OF THE ST		
17. Burial (Buriat, cremation, or removal, Which?) (Buriat, cremation, or removal, Which?) (Buriat, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Fort Lincoln. ical Cemetery	(orally of town)		
Location Pr Georges Co Md.	Injured at home, farm, Industry, public place (where?)		
18 Funeral director N. H. Herufeman	Means of Injury Injured at work?		
Address 5732 Ga Ave N.W.	CSA (Rough ly)		
unet 30 1967 10 James Severy	23. SIGNATURE M. D. or other M. D. or other		

C. A. .. 17 38.18

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02877

1. PLACE OF DEATH: Seorge MARYLAND	2. USUAL-RESIDENCE (HOME) OF DECEASED COUNTY ENGINEERS
CITY (If outside exporate limits, write RURAL and LENGTH OF STAY OR give hear strown this place)	OR SUBSTILL AND Give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Worldoning Cross
3. NAME OF (First) (Middle)	(Last) /4/DATE (Month) (Day) (Year)
OSETH DERNARD (Type or Print)	TLOVER DEATH has P. 1957
5. SEX 6. COLOR OR KACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	ang 24, 1874 AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF DURRINGS OR dyne dring most of working life even if Bred being Culeman	11. BHYPHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME Slover	3ulema Cashell
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give yer or dates of service)	ante & Florer Betterille
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Landon	un des voice
Immediate cause (a)	10-49
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from A	1949 to 3 - 10 19 57 that I just saw the deceased
alive on	ADDAESS nom the causes and on the date stated above.
SIGNATURA (Degree or title)	DATE SIGNED
8 Marin Ma	1800 mg. 3,10,51
23. RURIAL, CREMATION DATE THEREOF MAME OF CEMETE SEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) In Cate)
DATE REC'D BY LOCAL PREGISTRAD'S SIGNATURE	24. FUNERAL DIRECTOR 1/ 1/ ANDRESS
REG. March 11-1951 John D. Donith	I susche sons tyaller willing,
	690416

RY BEVO A' B MB 13 1981) ME CE LY E D

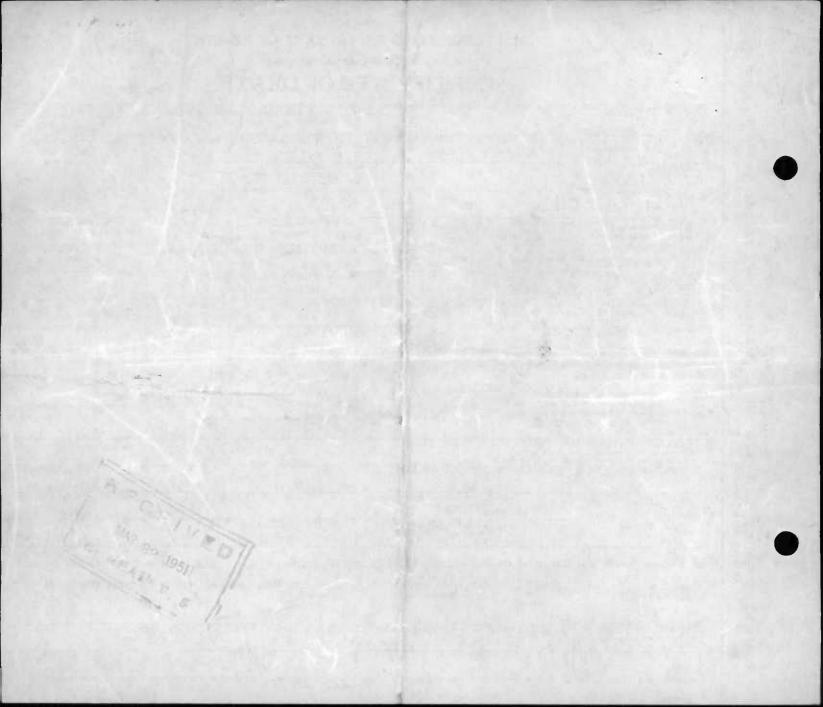
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02878

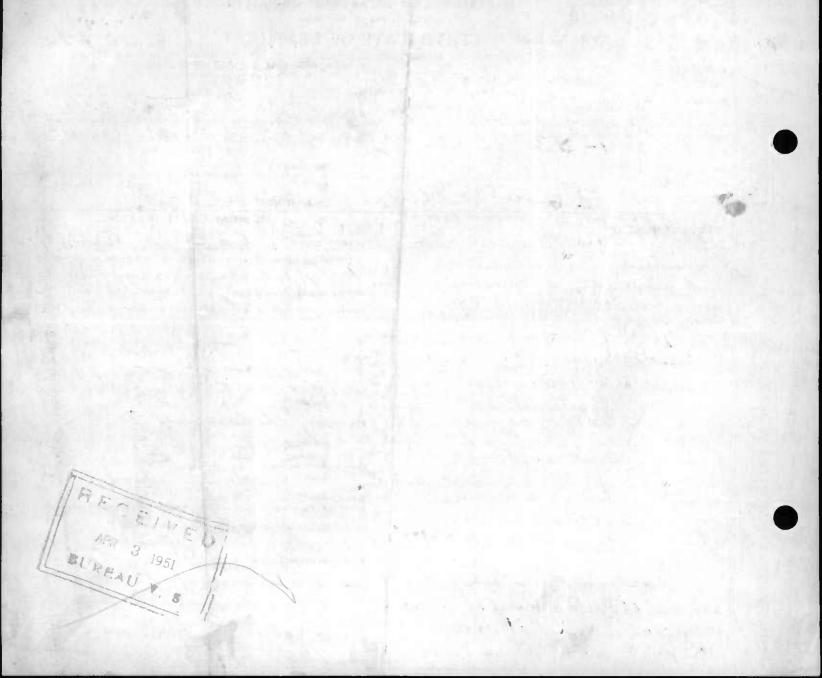
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE IN COUNTY EOUGES
CITY (If outside corporate limits, write RORAL and LENGTH OF STAY	CITY (If outside corporate limits, write RUPAL and give neglect town)
TOWN E. Currence 17 yrs	TOWN ZI reverdale ma
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 5705 Rapenswood Rd
3. NAME OF DECEASED CHARLES (Middle) C-	REER 4. DATE (Month) (Day) (Year) OF DEATH NEW /8, 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specific will)	8. DATE OF BIRTH 9. ASE last hixthday If under 1 year If under 24 hr 14 Mrs 9/20/18 Tyrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUNNESS OF Conducting most swarting life, even if retired) Industry Story	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (Il yes, give year or fates of	Helen Sanstury E. Kerridale And
18. MEDICAL CE	RTIFICATION INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
" (malis Desc	ela Kand Dirego
Immediate cause (a)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
3 giving rise to the above cause	***************************************
stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	J. C. VIDANIA
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m, While at Not While Mork At work	HOW DID INJURY OCCUR!
	2-18 5/
22. I hereby certify that I attended the deceased from	, 19 , to, to, 19 , that I last saw the deceased
alive on, 19, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
(Old (T. L. L.)	-6tyll, ld 5-19, 17
BURIAL CREMATION DATE THEREOF NAME OF CEMETE.	
DATE REC'D BY LQCAL REGISTRAR'S SIGNATURE	24 PUNERAL DIRECTOR ADDRESS /
Janiet 21, 1967 James Severy	& Bosche sone gattentond



7 A	Su
Taca:	
MAKGIN KESEKVE	UNFADING
6	WITH
	AINI.Y
VS A15 9-45-15M	PLEASE WRITE PLAINLY WITH UNFADING INK.

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 5 1951 CERTIFICATE OF DEATH Reg. Dist. No. 2 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) How long in above place of death? Hospital, Institution, or street address where death (If rural, give LOCATION) How long in hospitat or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 5. Color or race 21. I CERTIFY that death occurred on the date above stated; 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years 10. Usual occupation. 11. Industry or business important. 13. Birtholace (Include pregnancy within 3 months of death) Major fisdings of operations. 15. Birthplace especially PHYSICIAN: Please underline the cause to which death should be charged statistically Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... (month) (day) (year) Where did Injury occur?(City or town) (County) Injured at home farm, industry, public place (where?) tniured at work? Meana of Injury 23. SIGNATOR



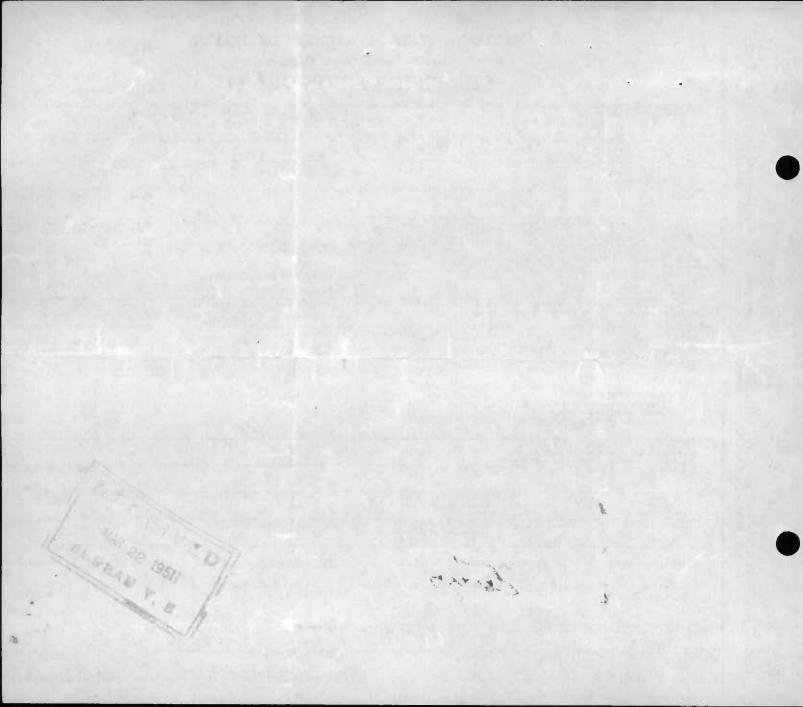
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02880

1. PLACE OF SEATH COUNTY Trunch Seorges, MARYLAND	2. USUAD RESIDENCE (HOME) OF DECEASED. STATE HAVY LAND	Georges
CITY (If outside corporate limits, white RUITAL and LENGTH OF STAY OR give negget town) level (in) this given	OR TOWN TOWN	ve neares town)
HOSPITAL OR (/ INSTITUTION OR STREET ADDRESS	STREET ADDRESS 4217 (1) Ture, give location)	st
3. NAME OF DECEASED (Type or Print) ZAHED (Middle) HAD	DATE (Month) / OF DEATH	P(Day) (Year)
S. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVERCED (Specify)	19/27/1890? 60? yrs. Months	l year If under 24 hrs Days Hours Min.
10a, USUAL OCCUPATION (Give/kind of work 10b, Kina of Bushiess on Christian Industrial Conference of Working life to partial Conference of Con	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Selim Haddad	Zahelda Rasseem	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	arneln Haddad washings	tolle
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	Dey orleage	5 day
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	,	AP and and and an area area area area.
(6)	entouvoseleroses	3 yans
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
22 BURIAL CREMATION I DATE THEREOF . I NAME OF CEMETE	ERY OR CAPMATORY LOCATION (City, town or count	ty) (State)
BREMOVAL Specify) 3/2//J It Line DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	21. FUNDRAL DIRICTOR	APPRESS
maily of 1907 James Severy	& Seeche some Thyalls	relevie
	0 2	0786



VS. A15

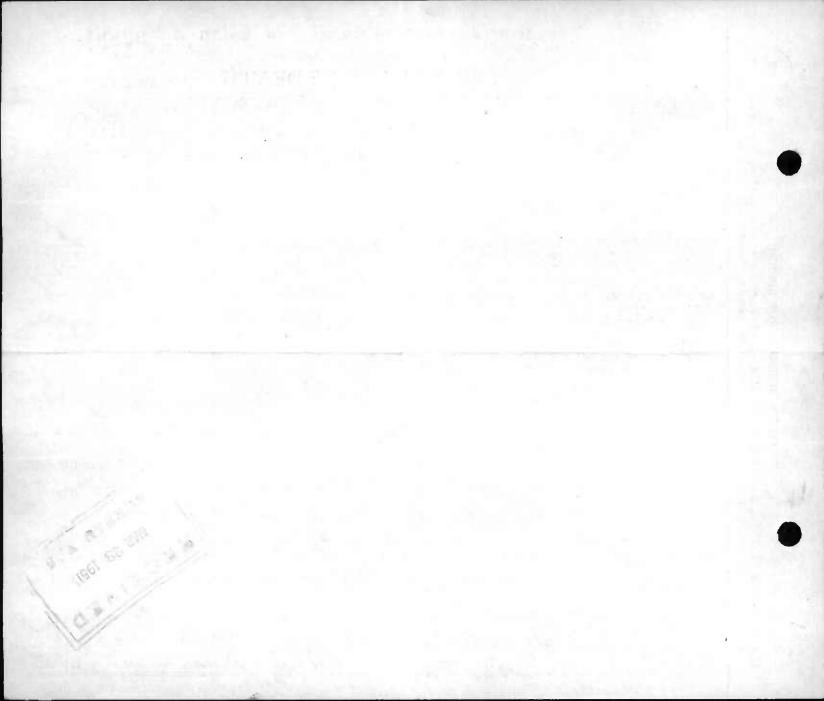
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02881

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND	md P. B.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)	OR R A A A A A A A A A A A A A A A A A A
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS Wells Carner
3. NAME OF (First), (Middle)	
Type or Print) Robert Lee.	Hall of DEATH mas 24 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MARVED	8. DATE OF BIRTH 19. ACE last hirthday 1 If under 1 year 11 under 24 hour
10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired) INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Lee Hall	Susan Elizabeth Bowling
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT
(service)	Mrs Gosephine Hall
18. MEDICAL C	ERTIFICATION (/
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate course (a) (Warman T-	hrandaris 5200
Immediate cause (a)	And the state of t
Antecedent cause(s)	
93d Diseases or conditions, if any, (b)	47 14 14 14 14 14 14 14 14 14 14 14 14 14
stating the underlying cause last	
(c) Hypertensive	"ON hysease Unk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	· (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from July	1947, to Mac, 1951, that I last saw the deceased
alive on 2.3 may 1957, and that death occurred at	
SIGNATURE, (Degree or title)	ADDRESS DATE SIGNED
RITB/ Que	2.11 Ch 0/ 0/ 1
(loter) I casser In w	apper Marcino, ma 24mas 51
23. BERIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOOK REC'STAR'S SIGNATURE	FUNERAL DIRECTOR
March 24 Kland, Church	A Harry & Slye Washington all
	VVV 105



PLEASE

1. PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

IL 2. USUAL RESIDENCE (HOME) OF DECEASED

02882

COUNTY	ice Cence	MARYLAND	STATE Mary	end	COUNTY	huce Hea
OR give neares	corporate fimita, write RUR		CITY (If outside corpo OR TOWN		URAL and give	e nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	or 1601 arxi	line It	STREET ADDRESS /65	/ Enken	ve location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	Hannum	4. DATE OF DEATH	(Month) mar.	(Day) (Year)
5. SEX 7	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 7/27/1902	145		1 year If under 24 hrs Days Hours Min.
done during most of		10b. KIND OF BUSINESS OR INDUSTRY CO.	11. BIRTHPLACE (State	is, PA.		CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAM	HUR YENT		14. MOTHER'S MAPDER	KNOWN		
	VER IN U.S. ARMED FORCES (If year, give war or dates service)		17. INFORMANT AND OSEPH M. 1	ADDRESS	Husai	qua)
I. DISEASES OR C	ONDITIONS DIRECTLY					INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	Augustusin		2		8 hours
33/X Antecede	nt cause(s)	//				
6 0 giving rise t	conditions, if any, (b) to the above cause underlying cause last	Hyperleusen		9		#0 +4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4 #4
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing dea	th.		***************************************	**************************************	00 00 00 10 00000 000 000 000 <u>000000</u> 0000 0
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION			3	20. AUTOPSY? Yes \(\bar{V}\) No \(\bar{V}\)
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?		#45
22. I hereby cert	tify that I attended th	ne deceased from	, 19.49, to man	, 19. j., ti	hat I last sa	w the deceased
~		nd that death occurred at				
1:/10	(wan ho)	16	81. 8-16 A 14.	w Wast. L	7.6	man 1/51
REMOVAL (SPE	cify) 3-5-5	51 Ift Lincoto	60m.	LOCATION (City,	0	(State)
PATE REC'D BY	95 REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	11. 15.	14th 24.	ADDRESS
	0				3504	617



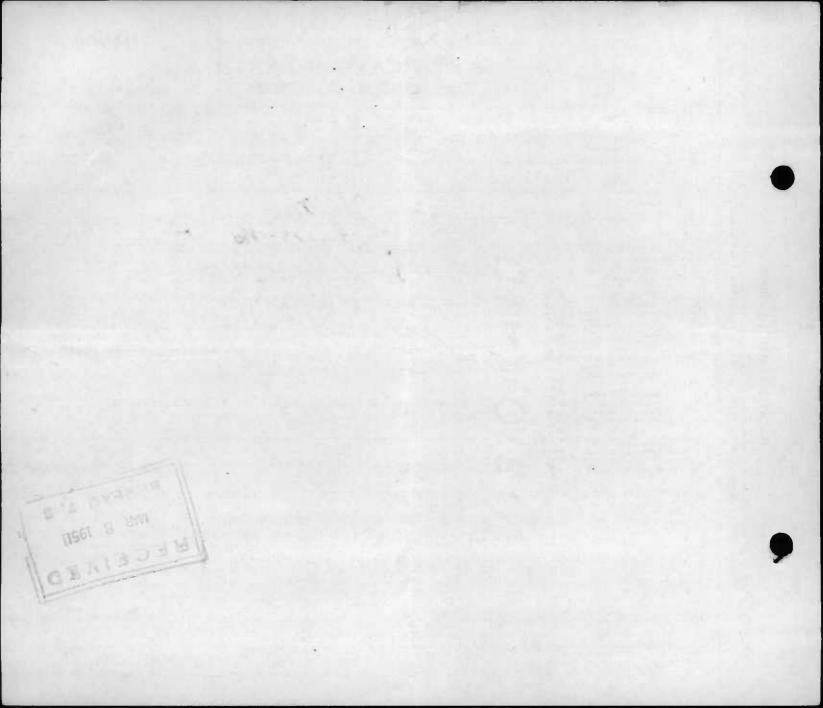
The correct age H PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 23 4 5

	neg. Dist. N	V(j)
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	V
MARYLAND MARYLAND	1 VVan Land - 1 51. 51	enain
	OR CITY (If outside corporate limits, write RERAL and gi	ve negrest town)
TOWN Servin , Wal 15 mg	TOWN OSCULATION	
HOSPITAL OR INSTITUTION OR TOO Up to	ADDRESS 8703 (If ru al give location)	
STREET ADDRESS 8 103 - 49 Cm	1 0 0 7 9 9 0 0 0	
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ingman (Mulmord)	Yanuar DEATH S -	11
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	A PATE OF BIRTH 9. AGE last birthday If under Months yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or C		2. CITIZEN OF WHAT
done during most of working life, even if retired) Courses	1)-Carolina	GOUNTRY!
13. FATHER'S NAME	14. MOTHER'S MALDEN NAME	113.4.
Conton, Narless	? Britto	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of 213-16-4607	Midele Harless - Son	
t8. MEDICAL CE	ERTIFICATION	v
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Idean to	a al a b	
Immediate cause (a)	gra shock	
		A
16 + C Diseases nr conditions, if any, (b)	round of chest & abdomen	**** **** ** ** ***********************
stating the underlying cause last		
II, OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 1 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
PRIMARY OR CONTRIBUTING OF office lidg, etc.) CAUSE OF DEATH.	Jummy - R. Sep-	MAD
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	DOW DID INJULY OCCUR?	1011
OF INJURY 3-4-51 m. While at Not while work at work X	self inflicted gran shot woun	do chest.
	A LOS LOS STATES TO SERVER AS A STATE OF THE STATES AS A STATES AS A STATE OF THE STATES AS A	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy Inspection M. Inquiry thereon and	from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined .	openion remain
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Vinto 3 Alla Varan Mars Des Mars 6	rom Chevuly Grattant	11, 97, 30
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) LVETGREEN	BY OR CREMATORY LOCATION (City, town, or cour	nty) (State)
REMOVAL (Specify) Mar 6 1051 Evergreen	RY OR CREMATORY LOCATION (City town for cour Bladensburg and	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. Mars. 61951 Mrs. Jas. Severel	F Gasch's Sons Hyattsville M	la.
(Nikiki)		2111
2 Cardinas	364	976



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02884

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	_
MARYLAND	Vanuland - IVI - SI	
CITY (If outside corporate limits, white RURAL and LENGTH OF STAY OR give nearest town (im this place)	CITY (If outside exporate limits, write NURAL and give	nearest town)
HOSPITAL OR	STREET (If ru al give location)	
INSTITUTION OR STREET ADDRESS Saltange (1996)	ADDRESS Saltamore	
3. NAME OF (First) (Middle)	/(Last) 14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Dankana - Common	DEATH 3	6 195
5 SEX / 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under I	year If under 24 hrs
temale Colored (Specify) Sing C.	112-10-1770 4 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
	The state of the s	1.2.0
13 TATHER'S NAME	14. MOTHER MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES 16, SOCIAL SECURITY NO.	17, INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of	Father	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
11 the dead	1 4	
916,0 Immediate cause (a) 4 ougue	uno generations	
Antecedent cause(s)	to leave	
Diseases or conditions, if any, (b)	www.	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	THE ROLL OF SHARE STATE OF THE SHARE	Yes 🗆 No 🕱
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. INJURY	(CTY OR TOWN) (GOUNTY)	(STATE)
	Armsmill Jr. Sept	moll
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR? Buchyidy	bed
INJURY 3-6-51 6.00 m. work at work	when mouse cought for	4
22. I certify that I took charge of the remains described obove, held an A	Autopsy 🔲, Inspection 🔀 Inquiry 🛣 thereon and f	rom the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my o	opinion resulted
from: natural causes , accident , snicide , homicide ,	ADDRESS	DATE SIGNED
() > m / 2 n 4 /C	01 / 41/10/6	-1
23. BURIAL, CREMATION / DATE THEREOF NAME OF CEMETE	- Myreny - May 3-0	3/
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	PA FUNERAL DIRECTOR	ADDRESS
REG: March le amanda Wowney	Hal Bland Jane	DC.
	A CONTRACTOR OF THE PARTY OF TH	

1261 ET SW

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

FOR MEDIC	AL EXAMINERS	Reg. Dist. No. Dec. J. Dec.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOM	E) OF DECEASED.
MARYLAND MARYLAND	STATEMANNER	COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF ST. OR give hearest town) (in this place)	OR CITY (If outside obrporate li	mite, write RURAL and give nearest town)
	TOWN Hours	ville
HOSPITAL OR INSTITUTION OR A	STREET ADDRESS 13	(If ru'al give location)
STREET ADDRESS Salumon we	Abbitas Call	moretive
3. NAME OF (First) (Middle)	(Last) / 4.	DATE (Month) (Day) (Year)
(Type or Print) Ho a lound	andel	DEATH 3 - 6 1957
Female Color of RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE (Specify) Included	8. DATE OF BIRTH 9. A	GE last birthday If under I year If under 24 hrs. Months Days Hours Min.
Temale Colored (Specify) Single	11-25-1944	yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	(6)	eign country) 12. CITIZEN OF WHAT
W. FATHER'S NAME	14. MOTHER'S MAIDED NA	
to as a h. Harrod	II. MOLDER'S MAIDES NA	ME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	-	ather
	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
Immediate cause (a) 4 or de gree	e lourno of end	in body
116:0	1 1	
Antecedent cause(s) Diseases nr conditions, if any, (b) Confla gnal	ion in hom	
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office / office	eet, (CITY OR TOW	(COUNTY) (STATE)
CAUSE OF DEATH. TINJURY OF THE	- runsvic	W- G. Geo- Mol.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR	Jugard in bed when
INJURY 3 - 6-5/. 6.00 m. work at work	Junese Como	he fore.
22. I certify that I took charge of the remains described above, held of	in Autopsy [], Inspection []	nquiry w thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said	deceased died on the day stated at	ore, and death in my opinion resulted
from: notural causes [], accident [7], suicide [], homicide SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Oslova de la companya	100	1 1 340 / 5 / 5 /
John. Maloney M.D. Dep. M	red. monn	werly - Met 3-6-51.
3. BURIAL, CREMATION DATE THEREOF NAME OF CEMIN	ETERY OF CREMATORY LOCA	TION (City, town, or county) (State)
5-6-173/Washalle	-, Dunal Laste -	Washettern D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	PA. FUNERAL DIRECTOR	
3.6-195 amandah own	y Washer E word	men ast ton D.C.
Carrie F. Campbell	7 3	2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02886

I Di du on at his	A VOULT DEGUNDANT COLORS
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
CITY (If outside conporate limits write RUEAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	TOWN Huntsville
HOSPITAL OR	STREET (If ru'al give lo ation)
INSTITUTION OR STREET ADDRESS Saltimore (we	ADDRESS Baltimoretive
3. NAME OF (First) (Middle)	(Last) / 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	DEATH herel 6 1951
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
temale (pland (Specify) (Specify)	3-15-1947 3 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work tob. Kind of Business or done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	waster, p.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of	Father
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
I. DINEASES OR CONDITIONS DIRECTED LEADING TO DEATH	ONBET AND DEATE
Immediate cause (a) 4 duga	u humo of entireloody
Antecedent cause(s)	L /
/C Diseases or conditions, If any, (b)	alion in home
giving rise to the above cause stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 1
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office hile, etc.) CAUSE OF DEATH.	(COUNTY) (STATE)
	HOW, DID INJURY OCCUR?
OF 7 / While at Not while	How bis insult occor dwings in bed
INJURY >-6-5/- 6.00 m. work at work	when mouse caught fire
22. I certify that I took charge of the remains described above, held an A	utopsy [], Inspection W. Inquiry thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my opinion resulted
from: natural causes [], accident [7], suicide [], homicide [], SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 1 3 HA / MARIN IN 1 P	2/ / 11 11 1/ 1/ 1/
18hre. Walnuy Vis-dep. Mid. Epam	- Cheverly - Applitarille Mg-3-6-51
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
13-6-195 West Clan	Juneral Home Wash from D.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
-0-6-1957 amanda Downey	Washelm Judie Home Wash hom, D. C.
Marrie J. Campbella	



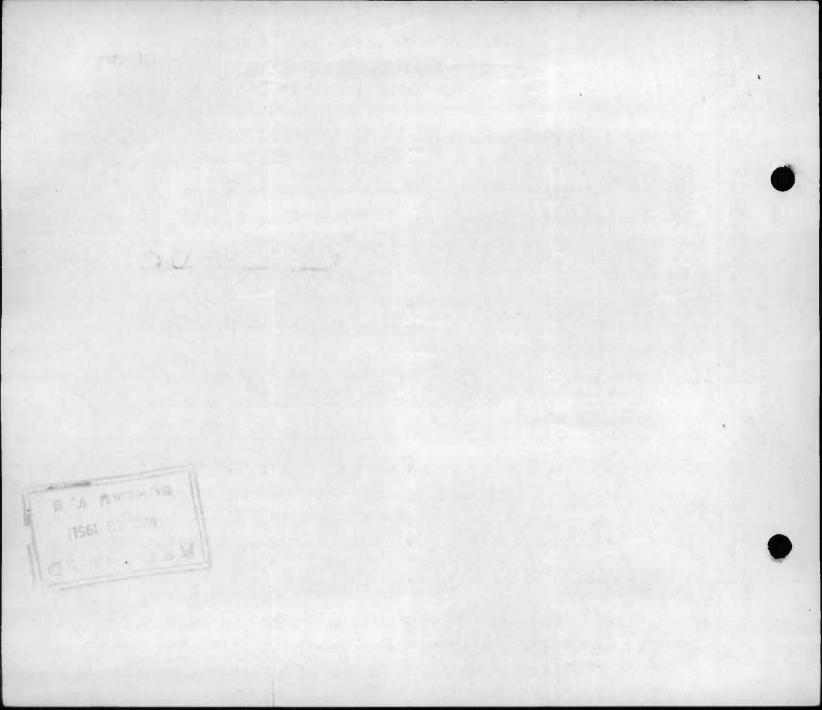
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02887

E	1. PLACE OF DEATH- COUNTY 2. USUAL RESIDENCE (HOME) OF DEGEASED: COUNTY	
(C)	COUNTY MARYLAND STATE ON COUNTY	
fulk	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and city of the place) TOWN TOWN	nearest town)
leg	HOSPITAL OR STREET (If ru al give location)	
and ca	INSTITUTION OR STREET ADDRESS Caltimore twe ADDRESS Caltimore we	
of information careful death clearly and legibl	3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) OF CONTROL OF CON	(Day) (Year)
forn	5. SEK 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last hirthday If under	
f in	Imale (Specify) Specify 7-10-1930 6	CITIZEN OF WHAT
o ma	done during most of working life, even if retired) INDUSTRY	OUNTRY Q
y ite	13) FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	
y every item the causes of d	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) 17. INFORMANT	
pply	18. MEDICAL CERTIFICATION	1
Suppl	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
INK. please	916.0 Immediate cause (a) 4 m degree homo of entirebody	~
E Pla		
DS:	Antecedent cause(s) Diseases or conditions, if any, (b)	
NDIN sicial	giving rise to the above cause stating the underlying cause last	
UNFADING t. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
H L	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
WITH		Yes No No
, i.i.	21. EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.)	(STATE)
PLAINL's especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED BOW DID INJURY OCCUR? While at work while work work of the work	secondal
LA espe	22. I certify that I took charge of the remains described above, held an Autopsy \ Inspection \ Inquiry \ I thereon, and	from Ike evidence
	obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my from: natural causes □, accident ⋈, suicide □, homicide □, undetermined □.	opinion resulted
WRITE	SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
	John Maloney, M. D. Den. Med Edannier Cheverly. M.	13-6-51
PLEASE	23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, toyn, or count	y) (State)
LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS
Ь	REG. 3-6-1957 amanda Wowney washer Firm from Washer Ton	20
909	(Carrie J. Camphett.)	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02888

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	
MARYLAND	le'assign (ch	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS ELECTION OF STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) Hauser 4. DATE (Month) (Day) (Year) OF DEATH	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.	
WIDOWED, DIVORCED, (Specify)	Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
13. PATHERS WARE		
Tohn Houses Wolat	Dertha Otellia Jeia	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
Property of Completions Didecar & Leading to Defaul	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE	
Week Canh	as Decommenda 4 days	
Immediate cause (a)		
410 Antecedent cause(s) Funcilla & lilling		
Diseases or conditions, if any, (b)	month month	
giving rise to the above cause		
stating the underlying cause last (c) Plaumaks H.	Disers : Mital Stenoses 20 yra.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	& Probablanti	
related to the disease or condition causing death.	7,00,00	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	Yes No	
21. ACCIDENT (Specify) PLACE (Home, form, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Februare	1950, to March 25, 195/, that I last saw the deceased	
alive on March 25, 1951, and that death occurred at.	12 2 m from the source and on the data stated above	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED	
Walcult W. Silson M.D.	24/2 Jashington 20, DR: 3-25-51	
DENOVAY (Shariful)	RY OR CREMATORY LOCATION (City, town, or county) (State)	
Burist May. 27-1951	To more - pa.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATULE	24. FUNERAL DIRECTOR ADDRESS	
maily 25 1914 James Vevers	Summors prop. 2067- Wichols	
	Best. 11 -	



VS A15

1. PLACE OF DEATH:

How long in above place of death?.... Hospital, institution, or street address where death occ

How long in hospital or institution?......

3. (a) FULL NAME

Female

7. Birth date of

9. Birtholaca....

12. Name...

13. Birthplace

15. Birthplace

16. Interment.

Address

14. Malden name.

Cemetery or crematory

1B. Funeral director...

19. March 12, (Date rec'd by registrar)

8. AGE:

FATHER

6.(6) Name of husbend or wife.

deceased (mo., day, yr.)

1B. Usual occupation..... 11. Industry or business

69

Years

St.

17. Burial (Burial, cremation, or removal. Which?)

4. Sex

Prince Rura

(If outside city or town limits, wri

5. Color or race

Months

Negro

James

May

Mary Cou

James Bolde

St. Mary

8725-Livings

John

(Town, connty, a House W

Char

County

Church

Registrar

6

Days

MARYLAND STATE DEPARTMENT OF HEALTH or seen sin my your but		
CERTIFICATE OF DEATH (2881) Rog. Dist. No		
George I te RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of Maryland City or town	F DECEASED: mother) Prince George Hill ct ROAd S. E. LOCATION)
	2.(a) If veteran, name war	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Hawkins		3. (b) Social Security Number
ingle, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Married	2D. DATE DE DEATH Merch 12	19.5 Jat 930 AM
R. Hawkins	21. I CERTIFY that death occurred on the date abo	
.8.(c) If allye, give age	and that I last saw halive on M.c.c.	51. 10 March 12 18.5/
If less than one dayhrsmin.	Immediate cause of death M. M. S.	
nty, Maryland	Due to 2) speciences	Carlo Viscola
fe	Due to	
n ounty, Maryland	Dither conditions 2000	
ty ? Maryland	13/a (Include pregnancy within 8 m	action dure
	Aniopsy results M. Canada Aniopsy results M.	Date of op.
ton Road, S. E. thereof 3-15-51 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
aryland	(City or town) Injured at home, farm, Industry, public place (wh	
nes & Company	Means of injury	injured at work?
W. Washington.	D. C. M. day & +	1

M. D. or other

5

...... Date signed.

THE REST OF THE PARTY OF THE PARTY. Tables in the state of the state of DELLES I IN AUGUST A

PLEASE

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()2831) Reg. Dist. No. 245

I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED-	,
rence years MARYLAND	- Maryland	
OR give nearest town) OR STAY OR STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Themough / Jacks.	STREET (If rural, give location)	2 /
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) James Leroy	Howard BEATH March	30, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATRIED	8. DATE OF BIRTH 9. AGE last hirthday If under Months 164yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) NOUSTRY Annual Company of Business on Indiana Company of		COUNTRY? / SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	000
15. WAS DECRATED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	1 /1 /
18. MEDICAL CEI	RTIFICATION	and my.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) le hronic my	ocarditio	Har
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tm·	8-4-
(c) Mirrosilia		10 200
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	NOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hand.		
signature on the state of the s	ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETEI REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DADE REC'D BY LOCAL E/GISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS.
apri 2-1951 James Elvery	WeWitt Danaldson La	adoress well md
UNI 619870	690316	



VS. A15A

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02891

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND MARYLAND	STATE Warman of 12 COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN (In this place)	OR TOWN Seat Ne asant
HOSPITAL OR	STREET (If ru'al give le ation)
STREET ADDRESS 9 7 9 7	ADDRESS 6705 F-95.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) . (Year)
Type or Print)	angel OF DEATH Man (1950
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Wale White WIDOWED, DIVORCED, (Specify)	11-12-1887 63 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Carolale Ballaman	Maryland Gounter?
13-FATHER'S NAME/	14. MOTHER'S MAIDEN NAME
I kickard mishoh + sace	siava Glason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, eve war or dates of 229-14-5408	Wetter J. Prendergast - Senter
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
The state of the s	ONSET AND DEATH
442 Immediate cause (a) Lentt ean	gestive heart failure
Antecedent cause(s)	
Diseases or conditions, if any, (b)	arrival ouslase
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	4.1
Conditions contributing to the death but not related to the disease or condition causing death.	arllina
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No M
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(other)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not while Not while Work at work	
22. I certify that I took charge of the remains described above, held an A	utopsy , Inspection Inquiry T thereon and from the evidence
	used died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide ,	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
M 740-1/24 24 8 D. 4. 16.	10/ 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	1
perial 3/3/3/ Note Cree	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS
mar. 2-1951 Carrie F, Campbell	2701-142774
	Wash BC 11
	W W . C



2411 N. Charles Street, Baltimore

02892

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY OF DEATH COUNTY Prince Georges MARYLAND CITY (If outside corporate limits, write BURAL and 1 LENGTH OF STAY)	STATE D. C. COUNTY	Y
	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
OR givo nearest town) TOWN Glenn Dale (Rural) 1 month & 18	OR TOWN Washington	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 2148 O. St., N. W.	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) A wasterie W	JACOSSON OF DEATH 3	23 1951
5. SEX 1 6. COLOR OR RACE 1 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under Months	1 year If under 24 hrs Days Hours Min.
Female White WIDOWED, DIVORCED, (Specify) Widowed	1 9/26/10/6 1 (4 ym. 1 - 1	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	waterioo, iowa	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Patrick Walsh	Ellen Dowd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of NO Unknown	Decedent	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
RO TI		
Immediate cause (a) Juliuouary Talk	record	3 Hours
1 Intillediate Cause	***************************************	
Immediate cause (a) Puberous Television Antecedent cause(s) Diseases or conditions, if any, (b) Stoletes wells' lus 3 Months		
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last (c) General arteri		7 M. 77
	03616,10810	3 Months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OUT ON TOWN)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	F1 -133 -1	
22. I hereby certify that I attended the deceased from	1957, to 3/23, 1957, that I last s	aw the deceased
3/22 3		
alive on	ADDRESS	ated above. DATE SIGNED
SIGNATURE.	Glenn Dale Sanatorium	DATE SIGNED
thangolfor times are Mit.	// Glenn Dale Maryland	3/23/57
23 BURIAL CREMATION DATE THEREOF NAME OF CEMETE	ERYOR CREMATORY LOCATION (City, town, or count	
REMOVAL (Specify) Than IT I don't	1) of Cers Suffered	2
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34. FUNEBAL DIRECTOR	ADDRESS
REG. 3/24/17 Wol Weys	Leten Taris Davis 6	
	130 17 11 10 8 110	110

MARGIN RESERVED FOR BINDING

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02893

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	
Prince Georges MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	_
OR give nearest town ale (Rural) OR United this place) TOWN Glenn Dale (Rural) 44 days.	OR TOWN Washington	e nearest town;
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET (If rural, give location) ADDRESS 26 Logan Circle, N.	w. /
3. NAME OF (First) (Middle)	(Last) 14. DATE (Month)	
DECEASED (Type or Print) ELIZABETH	JAMES OF DEATH 3	(Day) (Year) 23 1950
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs. Days Hours Min.
Female Negro WIDOWED, DIVORCED, (Specify)Separated	1 (/31/1915 35 yrs. -	
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) S. Carolina	CITIZEN OF WHAT
Domestic French Embassy 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODI
Richard Goodman	Agnes Thomas	
15 WAS DECEMBED EVER IN HIS ARMED FORCES! I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of NO leervice) Inknown	Decedent	
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Julinmany	Tuberculosis	3 mos
Immediate cause (a)	7. * · · · · · · · · · · · · · · · · · ·	
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	42 df + 1 * 0 + 2 \$2 f = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P\$ 69 69 69 10 de du mind de la marca de ser e se s
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
2/2	105/ 4 3/23 105/ shot I lost on	
22. I hereby certify that I attended the deceased from	19. Luat 1 last sa	aw the deceased
alive on 3/23 10.57 and that death accurred at	1005 P.m., from the causes and on the date sta	ated shows
alive on, 19.2./., and that death occurred at	ADDRESS	DATE SIGNED
D:00 A. 240	Glenn Dale Sanatorium	2/02/53
planether timecane 1. t.	Glenn Dale, Maryland	3/23/51
23. BURIAL, OREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count)	y) (State)
	24. FUNERAL DIRECTOR	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	The state of the s	ADDRESS
2114111 1 1000 0000	10 le muray fon -/?	37-10
	720831	St. nu



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02894

1. PLACE OF DEATH-		2. USUAL RESIDENCE (DUNTY _
Prince Georges	MARYLAND	B. 0.		
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Glenn Dale (Rural)	DENGTH OF STAY	OR TOWN Washi	rate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sa	anatorium 15 days.	STREET	(If rural, give locates. Ave., N. 1	
3. NAME OF DECEASED (Type or Print) IZORLA	(Middle)	JOHNSON	4. DATE (Mont) OF DEATH	(Day) (Year) 2 H 195'
Female 6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 3/31/1919	9. AGE last hirthday If	under l year onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	111. BIRTHPLACE (State	or foreign country) S. Carolina	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDE		
Johnnie Johnson		Lille Calho		
15. WAS DECRASED EVER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)		Decedent		
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	· Aulan ma	ny Tuberen	losis	Lus Tmos
Immediate cause (a)	0,000,00	0	**************************************	
X Antecedent cause(s)				
Diseases or conditions, if any, (b)	***************************************	00 000 (0000000 Sundam + + + + + + + + + + + + + + + + + + +	000 wikin 10 milit fir 00 1 m) m nggm 1 miningm 1 00 1 m 0000 00 00	**************************************
stating the underlying cause last				
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?
				Yes 🗹 No 🛘
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) (RY	(CITY OR	TOWN) (COU	JNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Wille t Not While Work Work At work				
	6/9	C. 3/2	4 11	
22. I hereby certify that I attended the	e deceased from			last saw the deceased
alive on 19.5%, and that death occurred at 9.45 a.m., from the causes and on the date stated above. SIGNATURE ODATE SIGNED				
Daniel Leo Friecas	7110	Glei	nn Dale Sanato: nn Dale, Maryl	rium
23. BURIAL, CREMATION DATE THERECO	NAME OF CEMETE		LOCATION (City, town, o	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR (ADDRESS
REG. 3/25/57	e ween	Carre Fr	mail Home	29-H. Strik



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH MARCH 195
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) WARTIES	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give and of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTAY?
13. FATHER'S NAME Varies Prout	14. MOTHER'S MAIDEN NAME DANGE
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT Gen Suson
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Bulsteraf A	ydronephrosis 3 weeks
Antecedent cause(s) Diseases or conditions, if any, (b) Severe Maln	utition and Dehydration 6 weeks
giving rise to the above cause stating the underlying cause last (c)	of Bladder 10 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Alan Noth Nath 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OF TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Syptement	, 19.48, to May J., 19.51., that I last saw the deceased
alive on	ADDRESS DATE SIGNED
T. Richard Conner, M.D.	Bavie, Maryland 3/1/57
REMOVAL (Specify) May 5-1931 ascens	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE 4. Yeugling	I funeral directory lading Bowce Wa

VS. A15

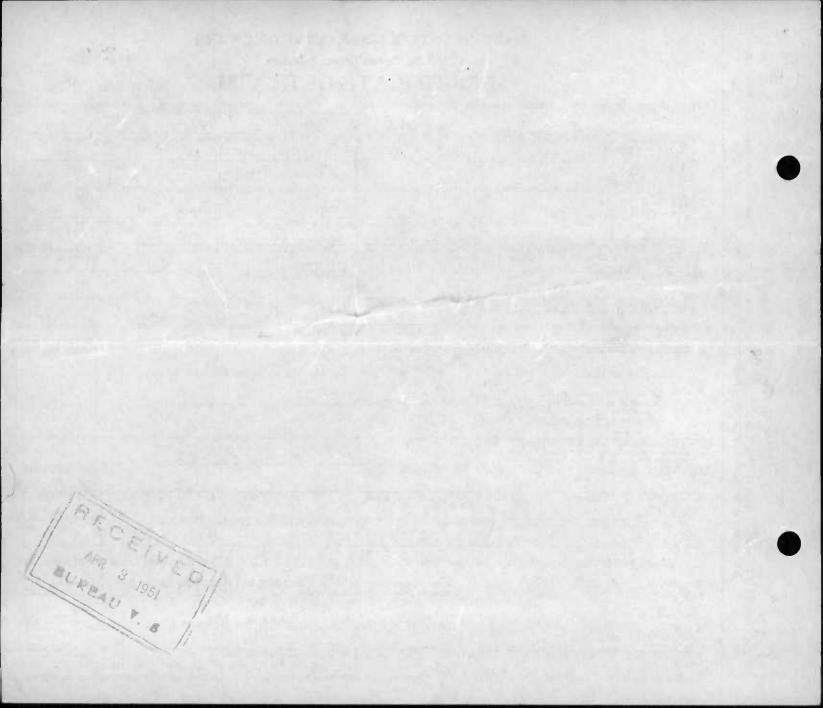
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

112896

1. PLACE OF DEATH- COUNTY Prince George's Co MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Prince George's County		
	orporate limits, write RUR		CITY (If outside corpor	ate limits, write RURAL and stpines Md	
HOSPITAL OR INSTITUTION OF STREET ADDRES	₹		STREET ADDRESS 6319	(If rural, give location Riverdale Road)
3. NAME OF DECEASED (Type or Print)	(First) Simon		(Last) Johnson		29, 1951- ₁₉
male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	6/29/1864	yrs. 1	der I year If under 24 hrs. ths Days Hours Min.
102 TISHAL OCCUPA	ATION (Give kind of work rorking life, even if retired) V Department	10b. KIND OF BUSINESS OR INDUSTRY Ohnstown Pa	Cornwell En	gland	12. CITIZEN OF WHAT
is. tarners want	Richard Johnson	n		Jenkins	
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates of service)	of	Merle Johnson	Eastpines Md	(son)
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Con Same	Janens He	100 11	2 V 6.
1/22. Immediate	e cause (a)	1	ar wan jig		
	it cause(s)	Carhovacen I Intumovoco	0		ICVA.
/Sow giving rise to	conditions, if any, (b)			**************************************	13/21
stating the u	nderlying cause last				
Conditions contribu	CANT CONDITIONS uting to the death but not see or condition causing deat	h.			
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🖻
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	ify that I attended the	e deceased from $J = 29$, 195/, to 3-Z	9, 19.5.1, that I las	t saw the deceased
alive on 3	- 29 , 195/, an	d that death occurred at, (Degree or title)	ADDRESS	0.1	stated above. DATE SIGNED
Mysome		M.D.	Hyattsville	mal.	4-2-51
23. BURIAL, CREM. REMOVAL (Spec		Ft. Lincoln		Colmar Manor M	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR	ADDRESS
2/REG. 2-19	17 James	Sever	F. Gasch's Son	s Hyattsville M	aryland.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02897

COUNTY	STATE COUNTY
Prince Georges MARYLAND	D. C.
CITY /If outside cornerate limits write RIPAL and LIENCTH OF ST	AY CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR give nearest town (in this place) 7 mos, & (in this place)	Town Washington
INSTITUTION OR days	STREET (If rural, give location) ADDRESS 401 M. St., N. W.
3. NAME OF DECEASED (First) (Middle) (Type or Print) PEARL MAE	JORDAN 4. DATE (Month) (Day) (Year OF DEATH 3 20 19.
6. SEX Female 6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCEI (Specify) ingle	9. AGE iast birthday If under 1 year Hunder 24 12/25/25 25 yrs. If under 1 year Hunder 24 12/25/25 25 yrs. 12/25/25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk 10b. Kind of Business. Kind of Business.	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charlie Jordan	Easter Levy
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of Unknown service)	Decedent
	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWE ONSET AND DEA
Samai	dos is generalized 4400
Immediate cause	170
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	Yes 📝 No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
8/11	3/20
22. I hereby certify that I attended the deceased from	1950, to 3/20, 195/, that I last saw the deceased
alive on 19.5/, and that death occurred a	213
alive on, 19.4., and that death occurred a	ADDRESS ADDRESS and on the date stated above.
// · D // · D // · D	Glenn Dale Sanatorium
1 rune 180 million	Glenn Dale, Maryland 3/20/51
REMOVAL (Specify) DATE THEREOF NAME OF CEMI	ETERY OR CREMATORY LOCATION (City town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 EUNERAL DIRECTOR ADDRESS
REG. 3/21/51 Wol Wein	1 8 overson (2 1313-6 sta
	1:0.00 1 Kash! 2001



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02898

CERTIFICATE OF DEATH

Reg. Dist. No...... 245

1. PLACE OF DEATH.		2. USUAL RESIDENCE (
COUNTY Prince George's	STATE Maryland COUNTY Prince Geo			
CITTAL (TE 11 A. S. IA. D.T.	RAL and LENGTH OF STAY (in this place)	OR CITY (If outside corpo	rate limits, write RURAL	and give nearest town)
OR give nearest town) TOWN Hyattsville	TOWN	Hyattsville		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS 5000	(If rural, give locat	ion)
STREET ADDRESS		ADDRESS 5800	44th Ave.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	n) (Day) (Year)
DECEASED (Type or Print) James	L.	King	OF DEATH Mar	ch 27 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthday If	under 1 year If under 24 hrs
Male White	WIDOWED, DIVORCED, (Specify)	6/27/1860	90 ym.	onths Days Hours Min.
done during most of working life, even if retired	k 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Retired U. D. Govt.	Agriculture Dept.	Ohio		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Levi King		Mary Lower		
15. WAS DECRASED EVER IN U.S. Aamed Foac (Yes, no, or unknown) (Ii yes, give war or date	ES? 16. SOCIAL SECURITY NO.	Mary Lower	ADDRESS	
service) no	none	Clifton K	ing, Hyattsvil	le, Md.
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	Obrania asadia ma	andam manal di		
Immediate cause (a)	Chronic cardio-wa	scular renal di	Sease	7 years
Antecedent cause(s)				
Diseases or conditions, if any, (b)	## ***********************************	**************************************	**************************************	
13/ giving rise to the above cause stating the underlying cause last				
(c)				
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing de	eath.			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No
	ACE (Home, farm, factory, street,	(CITY OR	TOWN) (COU	NTY) (STATE)
SUICIDE OF IN	office bidg., etc.)			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OG	CCUR?	
OF INJURY m				
	2/26	53 . 3/27	40.53	
22. I hereby certify that I attended	the deceased from	, 192.1., to2/4./	, 19.21., that I	ast saw the deceased
alive on 3/26 19.51,	and that death occurred at	3:30 a. m. from the	causes and on the da	ate stated above
SIGNATURY	(Degree or title)	ADDRESS	, , , , , , , , , , , , , , , , , , ,	DATE SIGNED
1 Mai Mb.	rel M.D.	College	Park	3/27/51
25. BURAL, CREMATION DATE THER			LOCATION (City, town, or	
REMOVAL (Specify)				(2,200)
Transportation 3/30/5	W. Townshi	D Cemetery 24. FUNERAL DIRECTO	Moultrie, Oh	ADDRESS /
REC.		F. Jacke &		alle that.
o/29/01 vames	Severe	ie, waner	June	au de
			VVV	105



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02899

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY Frince Levyes MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Det.
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town) TOWN TOWN TOWN TABLE 174		ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jaurel Sanitarium	ADDRESS 1506 N. Bond St.	
3. NAME OF DECEASED (First) VIRGINIA K	OEHLER 4. DATE (Month) OEHLER DEATH MINEL	(Day) (Year) 30 195/
5. SEX 6. COLOF OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) without of the control	8. DATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY? H.S. 9.
13. FATHER'S NAME P. Hamilton	14. MOTHER'S MAIDEN NAME STREET	R.OT
15. WAS DECRATED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS 1506 %.	Bord St.
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	/.×.	ONSET AND DEATH
Immediate cause (a) throng Myrcs	rfiles	many years
Antecedent cause(s)		4 days
93 de pliessee or conditions, if any, giving rise to the above cause stating the underlying cause last	inchrosis	many 4000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	blechie 1	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-/5-	, 1949, to 3-30, 1951, that I last s	aw the deceased
alive on 3-30-, 195/, and that death occurred at		
SIGNATURE Plands, M.D. Jaure	Sanitaring Faurel md.	3-30-1951
23. BURIAY CREMATION DATE NAME OF CEMETER REMOCAL (Specify) 4/2/5/ Salting	RY OR CREMATORY LOCATION (City, town, or count	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 31. 1951 R.W	24. FUNERAL DINECTOR	AUDRESS
IVIIII AZNA ZII II GI II I	11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1 11-1-17-1

of information carefully death clearly and legibly. ly every item the causes of d Suppl RESERVED NFADING INK. Physicians: please

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3 EASE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY . MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give near story) (in this place) CITY (If outside comporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) 3. NAME OF 4. DATE (Month) (Year) (Day) DECEASED (Type or Print) an DEATH 19.5 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. White (Specify) 11. BIRTHPLACE (State or foreign fountry) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life even lifetired M. M. S. Noval Kadio 10.

13. FATHER'S NAME. COUNTRY? 14. MOTHERS MAIDEN NAME Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES 2/1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) L(If yes, rive wer or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH -Immediate cause 8125 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | 21. EXTERNAL PAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING

CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY 7

office bidge etc.) INJURY Water INJURY OCCURRED

While at Not while at work

22. I certify that I took tharge of the remains described above, held an Autopsy [], Inspection [], Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Laguiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ... occident ... suicide ... homicide ... undetermined ... SIGNATURE ... Correct (Degree or title) ADDRESS DATE SIGNED

27. BURIAL, CREMATION DATE THEREOF

work

NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

24. FUNERAL DIRECTOR

ADDRESS



E STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

02901

1. PLACE OF DEATI	10 .		2. USUAL RESIDENCE (HOMES OF DECKLOPD	
COUNTY			STATE CE (COUN	Truff - al
1-1	TIMER XK	MARYLAND	ma	restance con	Tremas Ther
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	nte limits, write RURAL and	give negrest town)
OR give nearest	town) not	(in this place)	OR en	120 1 1	The state of the s
TOWN	Mr. Vill	will 33 years.	TOWN MAC	1 / aenier	,
HOSPITAL OR			STREET	(If rural, give location)	0.
INSTITUTION OF	3		ADDRESS = / / /	00 . 1 0	X1.
STREET ADDRES	SS		11 0/06	- Sheeperd	
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE / (Month)	(Day) (Year)
DECEASED	5	Soll 2041 -1	1 1 12 . 12 .	OF P	(104)
(Type or Print)		March Na	100 10 11 (() ()	DEATH _	25 1901
5- SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthday If und	er I vear III under 24 hra
11/2/10	W 1. 10	WIDOWED, DIVORCED,	1/2/11/10-1	month	as Days Hours Min.
f fuck	11-1468	(Specify)	116/18/6	/ J yrs.	
	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY	1 1 - 1 . 7/10	, 7/1/	COUNTRY?
11. 11. 11.	1.3 A. A. M. 1 14 M. C.	VAC SOLVE	13016666	12 // 12 /	11.00
13. FATHER'S NAM	E (1) Y		14. MOTHER'S MAIDEN	NAME /	
(Accepted	014 210	m. p 12.1911	1470011	1 LI Kolomon to	1 mil.
	T. II.S. A.	D LAA COMMA COMMAND	1 / Color	- White they	
(Vor no or unknown)	(If yes, give war or dates	17 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS)	(21.
	service)		10001101	E 12 1111 1	01 1 1/2//12
	ibel vicey		· Late (W) (TI JIA MATERIA	1 July
		18. MEDICAL CE	RTIFICATION		
T DIGELIER OF CO	NDIMIONS DIDECKI V	TEADING TO DEATH		//	INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		A	- 0 . 11		0 4
Immediate	cance (a)	GARCINOMA O.	F BLAdder	WITH METASTAS	GOE TMBG.
181 x	· cause				and the second s
Anteceden	t annea(c)				
	L CAUSCISI				
Discourse on a					
	onditions, if any, (b)	~2 · 50 · · · · · · · · · · · · · · · · ·	** * * * · · · · · · · · · · · · · · ·		> + + + * * * * * * * * * * * * * *
Day fregiving rise to	onditions, if any, (b)	~21 2011 * 1 1 2 40 1 1 1 - 1 A2 - 1 : 401 1 1 1 1 1 44 1 1 2 1 : 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	***************************************		
Day fregiving rise to	onditions, if any, (b)		***************************************		
giving rise to stating the u	onditions, if any, (b) the above cause nderlying cause last (c)				
giving rise to stating the u	conditions, if any, (b) the above cause nderlying cause last (c) CANT CONDITIONS		// 0		
giving rise to stating the u	conditions, if any, (b)		HEART DIS	0010	2400 45
giving rise to stating the unit of the uni	onditions, if any, (b)	h. CORONARY	HEART DISC	9.45C	2yeans
giving rise to stating the u 11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPE	onditions, if any, (b)	h. CORONARY FINDINGS OF OPERATION			2-years 7
giving rise to stating the u 11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPE	onditions, if any, (b)	h. CORONARY FINDINGS OF OPERATION			2yeans 7
giving rise to stating the unstating the uns	onditions, if any, (b)	h. CORONARY FINDINGS OF OPERATION SECTABLE CAR	CINOMA OF BI	Adder	2-years 7 20. AUTOPSY? Yes No
giving rise to stating the unitary the unitary stating	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street,		Adder	
giving rise to stating the unstating the uns	onditions, if any, (b)	h. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hldg., etc.)	CINOMA OF BI	Adder	
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat (Specify) (Specify) PLAMOR (OF)	th. CORONARY FINDINGS OF OPERATION SECTABLE CARO CE (Home, farm, factory, street, office bldg., etc.) JRY	CINOMA OF BA	TOWN) (COUNT	
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI Sept 145 21. ACCIDENT SUICIDE HOMICIDE TIME (Month)	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat (Specify) (Specify) PLAMOR (OF)	CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office bldg., etc.) INJURY OCCURRED	CINOMA OF BI	TOWN) (COUNT	
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat (Specify) (Specify) PLAMOR (OF)	th. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While	CINOMA OF BA	TOWN) (COUNT	
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour) m,	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) IRY INJURY OCCURRED While at Not While Work At work	CINOMA OF BY (CITY OR THE HOW DID INJURY OC	CUR? (COUNT	Y) (STATE)
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour) m,	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) IRY INJURY OCCURRED While at Not While Work At work	CINOMA OF BY (CITY OR THE HOW DID INJURY OC	CUR? (COUNT	Y) (STATE)
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS thing to the death but not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA OF INJI (Day) (Year) (Hour) m,	th. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While	CINOMA OF BY (CITY OR THE HOW DID INJURY OC	CUR? (COUNT	Y) (STATE)
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLAMOF (OF INJUME) (Day) (Year) (Hour) m.	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 1/3/	HOW DID INJURY OC., 1951, to 3/25	CUR? (COUNT) CUR?	Y) (STATE) saw the deceased
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLAMOF (OF INJUME) (Day) (Year) (Hour) m.	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 1/3/	HOW DID INJURY OC., 1951, to 3/25	CUR? (COUNT) CUR?	Y) (STATE) saw the deceased
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLAMOF (OF INJUME) (Day) (Year) (Hour) m.	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work e deceased from 1/3/ d that death occurred at 1/4	HOW DID INJURY OC., 1951, to 3/25	CUR? (COUNT) CUR?	y) (STATE) saw the deceased stated above.
giving rise to stating the unstating the uns	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLAMOF (OF INJUME) (Day) (Year) (Hour) m.	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARE CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from 1/3/	HOW DID INJURY OC., 1951, to 3/25	CUR? (COUNT) CUR?	Y) (STATE) saw the deceased
11. OTHER SIGNIFI Conditions contributed to the disease 19a. DATE OF OPEN Sept 193 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certically contributed to the sease SIGNATURE	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not se or condition causing deat RATION 19b. MAJOR 1 (Specify) PLAMOF (OF INJUME) (Day) (Year) (Hour) m.	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC., 1951, to 3/25	CUR? (COUNT (COUNT) CUR? Last causes and on the date	y) (STATE) saw the deceased stated above.
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI Sept 145 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA OF INNI (Day) (Year) (Hour) m, fy that I attended the	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC 1951, to 3/25 1:2° Pm., from the ADDRESS	CUR? (COUNT CUR? Last causes and on the date	saw the deceased stated above. DATE SIGNED
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI SAPT 193 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on3 SIGNATURE Manna 23. BURIAL, CREM	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA (Specify) PLA (The property of the	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC 1951, to 3/25 1:2° Pm., from the ADDRESS	CUR? (COUNT (COUNT) CUR? Last causes and on the date	saw the deceased stated above. DATE SIGNED
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI Sept 145 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR 1 (Specify) PLA (Specify) PLA (The property of the	ch. CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC 1951, to 3/25 1:2° Pm., from the ADDRESS	CUR? (COUNT CUR? Last causes and on the date	saw the deceased stated above. DATE SIGNED
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI Sept 145 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat RATION 19b. MAJOR I OF (Specify) PLA OF (Day) (Year) (Hour) m. (b) PLA OF (The property of the prope	CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC. 1951, to 3/25 1.12°Pm., from the ADDRESS RY OR GREMATORY TOTAL COMMANDERS TOTA	CUR? CUR? CUR? COUNT COUNT	saw the deceased stated above. DATE SIGNED 3/26/5/ unty) (State)
11. OTHER SIGNIFI Conditions contribu related to the disease 19a. DATE OF OPEI Sept 193 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on3 SIGNATURE 3. BURIAL, CREM REMOVAL (Spect	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death hut not see or condition causing deat RATION 19b. MAJOR I OF (Specify) PLA OF (Day) (Year) (Hour) m. (b) PLA OF (The property of the prope	CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC 1951, to 3/25 1:2° Pm., from the ADDRESS	CUR? CUR? CUR? COUNT COUNT	saw the deceased stated above. DATE SIGNED
11. OTHER SIGNIFI Conditions contribu related to the diseas 19a. DATE OF OPEI Sept 145 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat (Specify) PLANTON OF INJUDENCE PLANTON PL	FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC. 1951, to 3/25 1.12°Pm., from the ADDRESS RY OR GREMATORY TOTAL COMMANDERS TOTA	CUR? CUR? CUR? COUNT COUNT	saw the deceased stated above. DATE SIGNED 3/26/5/ unty) (State)
11. OTHER SIGNIFI Conditions contribu related to the disease 19a. DATE OF OPEI Sept 193 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on3 SIGNATURE 3. BURIAL, CREM REMOVAL (Spect	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat (Specify) PLANTON OF INJUDENCE PLANTON PL	CORONARY FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) JRY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC. 1951, to 3/25 1.12°Pm., from the ADDRESS RY OR GREMATORY TOTAL COMMANDERS TOTA	CUR? CUR? CUR? COUNT COUNT	saw the deceased stated above. DATE SIGNED 3/26/5/ unty) (State)
11. OTHER SIGNIFI Conditions contribu related to the disease 19a. DATE OF OPEI Sept 193 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby certi alive on3 SIGNATURE 3. BURIAL, CREM REMOVAL (Spect	conditions, if any, the above cause inderlying cause last (c) CANT CONDITIONS ting to the death but not see or condition causing deat (Specify) PLANTON OF INJUDENCE PLANTON PL	FINDINGS OF OPERATION SECTABLE CARC CE (Home, farm, factory, street, office hidg., etc.) INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OC. 1951, to 3/25 1.12°Pm., from the ADDRESS RY OR GREMATORY TOTAL COMMANDERS TOTA	CUR? CUR? CUR? COUNT COUNT	saw the deceased stated above. DATE SIGNED 3/26/5/ unty) (State)



VS. A15

correct age

The

17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02902

Reg. Dist. No.

661516

COUNTY Prince Georges	MARYLAND	STATE D.C	COUNT	Y
CITY (If outside corporate limits, write RI OR givo nessest town) Dale (Rura TOWN	JRAL and LENGTH OF STAY (in this place) 1) 5 Yrs 7 MO's	CITY (If outside corpor OR TOWN Was	ate limits, write RURAL and gi- hington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale	8 days Sanatorium	STREET ADDRESS 150	6- E. Capitol, N.	E. V
3. NAME OF (First) DECEASED (Type or Print) ALFRED	(Middle) P.	(Last) MANN	4. DATE (Month) OF DEATH Monch	(Day) (Year) 7 1957
5. SEX 6. COLOR OR RACE MALE WITTE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced	8/28/89	9. AGE last birthday If under Months	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retire Streetcar motorman	rk 10h. KIND OF BUSINESS OR	Washington,		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Jesse Mann		Josephine Ca	rroll	
15. WAS DECRASED EVER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dat no	578-10-5171	Decedent		
	18. MEDICAL CE	RTIFICATION		7
I. DISEASES OR CONDITIONS DIRECTI				INTERVAL BETWEEN ONSET AND DEATE
	Puluen	LAN. Tulke	y culosis	5 4 D.
Immediate cause (a)		30-49 1 -000	(according	- 100 A cus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause				
stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or coodition causing d	t eath.			
19a. DATE OF OPERATION 19b. MAJO				20. AUTOPSY?
				Yes W No
SUICIDE	LACE (Home, farm, factory, street, F office bldg., etc.)	(CITY OR	rown) (COUNTY)	
TIME (Month) (Day) (Year) (Hour OF INJURY m	While at Not While	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended	the deceased from July 2	7 19.45, to March	7 , 195/, that I last s	aw the deceased
alive on Mach 7 1957, SIGNATURE	and that death occurred at		causes and on the date st	ated above. DATE SIGNED
Daniel Leo Fines	are M.D.,	Glenn	Dale, Maryland	3/6/51
23. BURIAL, CHEMATION DATE THE REMOVAL (Specify)	REOF NAME OF CEMETE		20 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0 -0	(State)
DATE REC'S BY LOCAL REGISTRAL REG. 3 7 57	rs signature LOL WLLSS	24. FUNERAL DIRECTO	Hanlow 641- H	ADDRESS 1-St. NE



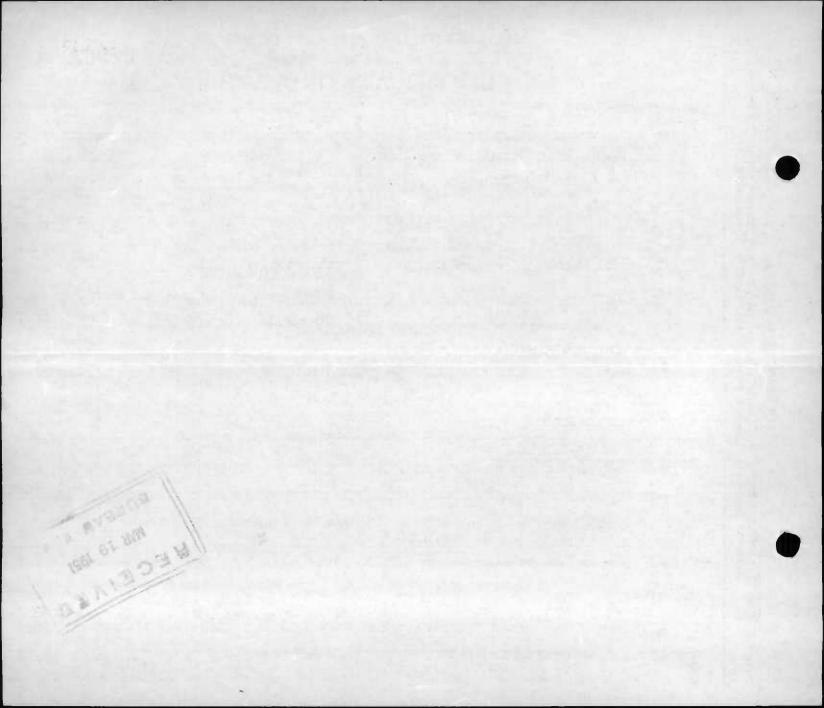
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02903 No. 243

I. PLACE OF DEATH- COUNTY	Prince Georg	es.Co.,	2. USUAL RESIDENCE D.C.	(HOME) OF DECEASED.	NTY
()R give negrost to	porate limits, write RUR. own) enn Dale (Rur	al) 2 vrs.1 mo.	OR	orate limits, write RURAL and	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		23 days anatorium, Md.	STREET ADDRESS 11-	(If rural, give location Forrester St.,	
3. NAME OF DECEASED (Type or Print)	Nellie		ANUEL	4. DATE (Month) OF DEATH March	(Day) (Year) 10 195/
facuste	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	6/25/1904	9. AGE last birthday If un Mon yrs.	der I year Hunder 24 hrs. Hours Min.
done during most of wor	FION (Give kind of work king life, even if retired) L nurse	10b. Kind of Business on Industry (priv.duty	Washington, V	irginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE		
Robert Man			Annie Clark		
(Yes, no, or unknown) (R IN U.S. ARMED FORCES If yes, give war or dates (ervice)	? 16. SOCIAL SECURITY No.	Decedent	ADDRESS	
		18. MEDICAL CE			
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH Pulmonary Tu	terentoni la	+ advanced	INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)	7			
Antecedent	course(s)				
Diseases or co	nditions, if any, (b)	1446 648488444 6446 67 7. 6 046 + 6 * 50* 5 048 00 5 05 5 4 0 0 0 0 5 0 0 0 0 0 0 0 0 0	· 8 8 ** · 87 * • 8 8 * • • • • • • • • • • • • • • •	аррич шиншинаричере с 20 ком з врем веремен о и 0 год год прем 20 ффа год	
giving rise to the stating the unc	the above cause lerlying cause last (c)				
II. OTHER SIGNIFIC Conditions contributivelated to the disease	ANT CONDITIONS ng tn the death but not nr condition causing deat	h.			
19a. DATE OF OPER	ATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (COUN	TY) (STATE)
TIME (Month) (OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
			40 3/10	- 5/	
22. I hereby certify	y that I attended the	e deceased from/	, 19.77.7., to/	, 19.5/, that I las	st saw the deceased
alive on 3/10	105/ 00	d that death occurred at	1235 am from th	ne causes and on the date	a stated above
SIGNATURE	10, wa	(Degree or title)	ADDRESS Glenn	Dale Sanatorium	DATE SIGNED
D DP	(1)	211		Dale, Md	3/10/51
* rame 6	TION DATE THERE	OF STATE OF CENTER	RY OR CREMATORY	LOCATION (City, town, or	
REMOVAL (Specif	3/10/5/	OF NAME OF CEMETE	RI OR CRESIATORI	Washington V	pounty). (State)
DATE REC'D BY LO	CAL REGISTRAR'S	SIGNATURE	24. FUNEBAL DIRECT	TOBY 1 P 1	ADDRESS
REG. 3/10/51	1	ir wein	Burton 30	Sed temeral Pa	la Celeshinter
			3 Tel	policy 05	8868 VA.
			(100-		00 40



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02904

Reg. Dist. No. 243

	· _		2. USUAL RESIDENCE (H	OME) OF DECEASED.	y Prince
COUNTY Pri	nce Georges	MARYLAND	Maryl.	and	Georges
CITY (If outside co OR give nearest TOWN (Lenn	orporate limits, write RURA town) Dale (rural)	(in this place)	OR	te limits, write RURAL and giv	ve nearest town)
HOSPITAL OR		and 17 days.	STREET ADDRESS	(If rural, give location) 53rd Avenue. Ant.	#12
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	WILLIAM	W	MARSHALL	OF DEATH 3	5 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	3/7/21	29 yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		CITIZEN OF WHAT
Typewriter	orking life, even if retired)	Industry Unknown	Washington,	D. C.	COUNTRY? USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Michael Ma			Ruby Barnes		
15. WAS DECRASED EN	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
No	(If yes, give war or dates of service)	577-20-0763	Decedent		
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
		Pulmono	my Fuberculos	4	Husen Hunt
Immediate	e cause (a)			************************************	14xxxx 1mm
	it cause(s)				
	conditions, if any, (b) the above cause	44 Bernand Co. S. S. S. C.	OD O GAT TO COO & ON Injusticipate to a CT for Gas & a sign Thomas a galliforming a specific range of the constant of the cons		
stating the u	nderlying cause last				
	(c)				
II. OTHER SIGNIFI Conditions contribu related to the disea	(c) CANT CONDITIONS ting to the death but not se or condition causing deat	h.			
II. OTHER SIGNIFI Conditions contribu related to the disea	(c) CANT CONDITIONS ting to the death but not se or condition causing deat	h. TINDINGS OF OPERATION			20. AUTOPSY?
II. OTHER SIGNIFI Conditions contribu related to the disea	(c) CANT CONDITIONS ting to the death but not se or condition causing deat	h. INDINGS OF OPERATION			Yes No 🗆
II. OTHER SIGNIFI Conditions contribu related to the disea	CANT CONDITIONS sting to the death but not se or condition causing deat RATION 19b. MAJOR F	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR T	OWN) (COUNTY)	Yes No 🗆
II. OTHER SIGNIFI Conditions contributed to the disease of the property of the contributed to the contribute	(c) CANT CONDITIONS using to the death but not se or condition causing deat RATION 19b. MAJOR F (Specify) PLA4 OF	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.) RY INJURY OCCURRED	(CITY OR T		Yes No 🗆
II. OTHER SIGNIFI Conditions contribu related to the disea 19a. DATE OF OPE 21. ACCIDENT SUICIDE HOMICIDE	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU	TINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) RY			Yes No 🗆
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	(c) CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR R (Specify) PLA OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office hidg., etc.) (RY UNJURY OCCURRED While at Not While	HOW DID INJURY OCC	CURT	Yes V No (STATE)
II. OTHER SIGNIFI Conditions contributed to the disease of the property of the	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m.	TINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work e deceased from Dec. 18	How did injury occ	71., 19.57, that I last s	Yes No (STATE)
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work	How DID INJURY OCCUR., 1946., to March 3	71., 19.57., that I last s	Yes No (STATE)
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLA OF INJU (Day) (Year) (Hour) m.	TINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. 186 d that death occurred at (Degree or title)	How did injury occ 1, 1944, to March 3 8.45.2 m., from the ADDRESS Glenn	M., 1951, that I last s causes and on the date st Dale Sanatorium	aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m. Ify that I attended the	TINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. 186 d that death occurred at (Degree or title)	How did injury occ 1, 1944, to March 3 8.45.2 m., from the ADDRESS Glenn	M., 1951, that I last s causes and on the date st Dale Sanatorium	aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m. Ify that I attended the	TINDINGS OF OPERATION CE (Home, farm, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. 186 d that death occurred at (Degree or title)	How did injury occ 1. 1944, to Mark 3 8.45.2 m., from the ADDRESS Glenn RY OR CREMATORY L	causes and on the date st Dale Sanatorium Dale Maryland OCATION (City, town, or coup	aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFI Conditions contributed to the disease of the property of the	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m. ify that I attended the Solution 1951, an	TINDINGS OF OPERATION CE (Home, form, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. / St. deceased from Dec. / St. Chegree or title) M. D. INAME OF CEMETE	How did injury occ 1. 1944, to March 3 8.45.2 m., from the ADDRESS Glenn RY OR CREMATORY L	causes and on the date st Dale Sanatorium Dale Maryland OCATION (City, town, or coup	aw the deceased ated above. DATE SIGNED
II. OTHER SIGNIFI Conditions contributed to the disease of the contributed to the disease of the contributed to the contributed	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m. ify that I attended the Solution 1951, an	TINDINGS OF OPERATION CE (Home, form, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. 180 d that death occurred at (Degree or title) NAME OF CEMETE WILLIA HIMSTONIA	How did injury occ 1. 1944, to Mark 3 8.45.2 m., from the ADDRESS Glenn RY OR CREMATORY L	causes and on the date st Dale Sanatorium Dale Maryland OCATION (City, town, or coup	aw the deceased ated above. DATE SIGNED 3/5/51 ty) (State)
II. OTHER SIGNIFI Conditions contributed to the disease of the property of the	CANT CONDITIONS ting to the death but not see or condition causing deat RATION 19b. MAJOR F (Specify) PLAC OF INJU (Day) (Year) (Hour) m. ify that I attended the Solution 1951, an	TINDINGS OF OPERATION CE (Home, form, factory, street, office hidg., etc.) RY INJURY OCCURRED While at Not While Work At work deceased from Dec. 180 d that death occurred at (Degree or title) NAME OF CEMETE WILLIA HIMSTONIA	How did injury occ 1. 1944, to Mark 3 8.45.2 m., from the ADDRESS Glenn RY OR CREMATORY L	causes and on the date st Dale Sanatorium Dale Maryland OCATION (City, town, or coup	aw the deceased ated above. DATE SIGNED 3/5/51 ty) (State)



MARGIN RESERVED FOR BINDING

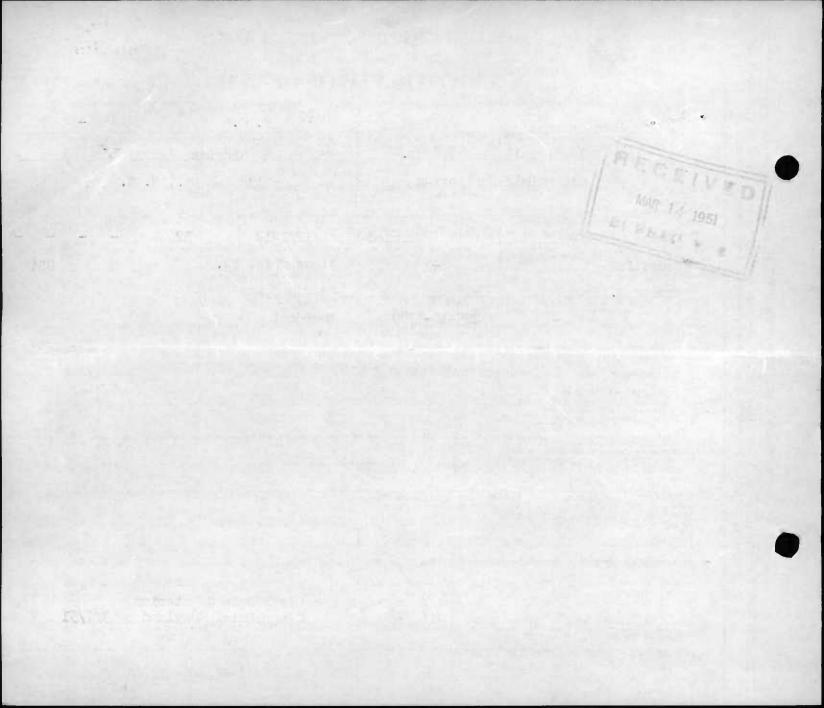
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Prince Georges MARYLAND	STATE D. C.	OUNTY
CITY (If outside corporate limits, write RURAL and OR of outside corporate limits, write RURAL and OR of outside corporate limits, write RURAL and Canada (in this place) Town (flenn Dale (rural) 7 Cays.	CITY (II outside corporate limits, write RURAL OR TOWN Washington	and give nearest town)
HOSPITAL OR	STREET (If rural, give loca	tion)
INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	ADDRESS 138 You St. N. N.	N.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mont	th) (Day) (Year)
DECEASED (Type or Print) GERTRUDE A	MARTIN OF BEATH 3	7 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday I	f under I year If under 24 hrs.
Female Negro WIDOWED, DIVORCED, (Specify) Married	1 4/12/1918 32 yrs. N	donths Days Hours Min.
10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOUSEWILE	Alexandria, Va.	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Bernard N. Lee	Carrie Jones	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
No service) - 225-10-3389	Decedent	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Indiseases or conditions directly leading to death Immediate cause (a) Pulmonary Tu	Les Cul DIA	4 General.
Immediate cause (a) I tette very		I fam m
Antecedent cause(s)		
Diseases or conditions, if any. (b)	7700° - 05000\$00364 white to grade qualitation of the contract	79.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
giving rise to the above cause stating the underlying cause last		
(c)		The second
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No R
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 2/2 8	195-1, to 3/7, 1951, that I	last saw the deceased
7/-		
alive on 3/7, 1951, and that death occurred at	ADDRESS Glenn Dale Sanatorium	DATE SIGNED
Daille Lines MA		1 11
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	Glenn Dale, Maryland RY OR CREMATORY LOCATION City, town,	3/7/51 or county) (State)
REMOVALY Specify) 3/8/5/	Washington	De
DATE REO'D BY LOCAL REGISTEAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3/8/51 Web Wess	Maloga & Seles Inc. 42	4-R. St. M/1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

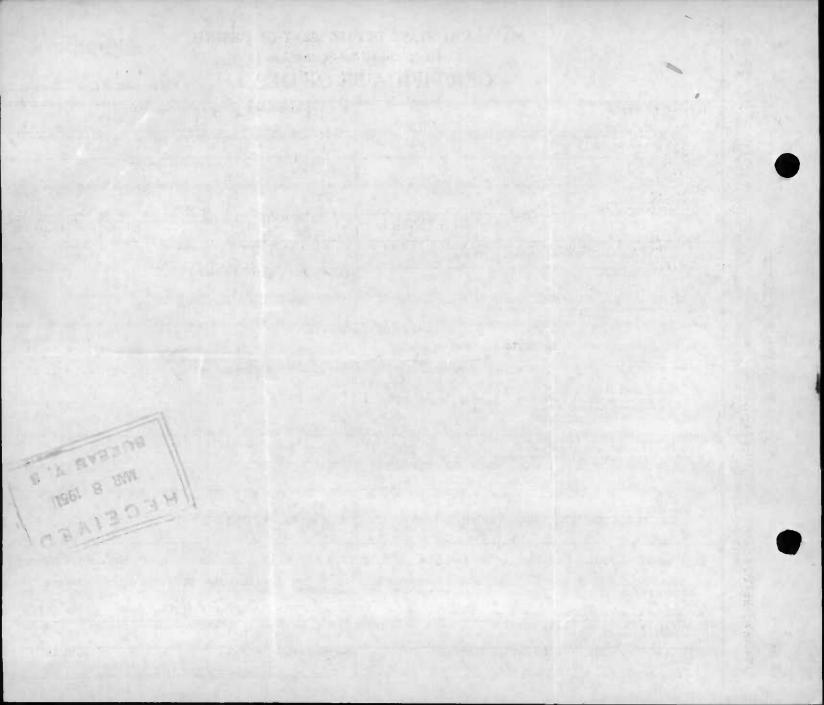
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02906

Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	₹ .
CITY (If outside corporate limits, write RURAY and LENGTH OF STAY	Hadded the	
OR give nearest town (in this place) TOWN	CITY (If outside corporate limits, write RURAL and giv	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henry Glorge Hall	STREET ADDRESS 7012 (af rural, give location)	- 1 20
3. NAME OF (First) (Middle)	(Lott) 4. DATE (Month)	(Day) (Year)
(Type or Print) /) O P ! P T	Mattis DEATH May.	5 195 /
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1-12 13 1949 d yrs.	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.0.
mr. Edward & matter		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Philiponary Congest . The	& Bronchopneumania	
754.3 Antecedent cause(s)	- Fall	() かかり かか 何を何か な u か な g m nor (() () () () () () () () () () () () ()
Diseases or conditions, if any, (b) one Est one 1570 giving rise to the above cause atting the underlying cause last	(A:lyrE	
	rs Interacricular vinterventricular	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	septal defects.)	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No T
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
and the state of t	2/1	
22. I hereby certify that I attended the deceased from	, 19 , to	
alive on, 19, and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date sta	ated above. DATE SIGNED
William Branin MD 61244	ntrof Ane, Copetal Italia med	3/0/5-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3/4/5/	RY OR CREMATORY LOCATION City, town, or count	(State)
DATE REO'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS OF
3/5/51 Umanda Douney	namvors Co.	11 - AL . D. C.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02907 Reg. Dist. No. 245

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Parel Send MARYLAND	STATE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give dearest town)	CITY (II outside corporate limits, write RURAL and give nearest town)
TOWN Qualter 18 months	TOWN Washington DC
HOSPITAL OR OR ATCAGE OF A COMPANY	ADDRESS (15-416 (If ruel, give location)
STREET ADDRESS 100 Street Charge	7079 Combat Oras
3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	a Cartly DEATH Dy arch 8 19,601
6. COLOR OR RACE 7. SINGLE, MARRIED, WILLOWED, DIVIRCED,	s. DATE OF BIRT! 9. AGE last birthday II under I year II under 24 hrs. Wonths Days Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even to retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward & Mc Carthy	Unknesow
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	7. INFORMANT AND ADDRESS
service)	motive carthy - 703 D St of 8
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) My pertenne	Rotermale to Heart Dennis
420.0 Immediate cause (a) 1000 percentage 5	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	
(c) Generalized lis	Tennelensi
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
	01 74. 1 5
22. I hereby certify that I attended the deceased from	, 193, to Murch, 193/, that I last saw the deceased
alive on 195/, and that death occurred at	ADDRESS DATE SIGNED
Samuel a. Ditagrald mo	822 H St. nc, DE. 3/9/51
REMOVAL (Specific) 3/12/195-1 20xx Lin	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'S 9 1951 Laws Selves	John X & MOTION 131-10 SP SE
	The season of the

Mattingly 4309- Lamajur

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of information carefully. death clearly and legibly.

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PLEASE

of

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63 1. PLACE OF DEATH. COUNTY Prince 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE, CITY (If outside corporate limits, write RURAL and MARYLAND maryland. LENGTH OF STAY CITY (Il outside corporate limits, write RURAL and give nearest fown) give nearest town) (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS Fince STREET (If rural, give location) ADDRESS 420 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED nealu (Type or Print) chat DEATH March 19.5 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Makes 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday If under I year | If under 24 hrs Months | Days Hours | Min. 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) WHAT 12. CITIZEN OF done during most of working life, evon if retired) 13. FATHER'S NAME Conjune 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17 INFORMANT AND ADDRESS (Yes, no, os unknown) | (If yes, give war or dates of mealy-4206 ave. Landon service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute Heart Johns Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE INJURY TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) While at Not While INJURY Work At work 19.51, to 3-6, 19.51, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... 3-1 ADDRESS DATE SIG 19.5..., and that death occurred at... DATE SIGNED (Degree or title) 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS



Applied Sold Little of the United

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(12911) Reg. Dist. No. 245

I. PLACE OF DEATH TYWEE X	corges	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	vag.
	// MARYLAND	Mosyland	ITINCE GC.
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN 4404 30	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write, RURAL and give OR	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural, give location) ADDRESS 4404 30th, 54	
3. NAME OF (First)	/M:331-)		
DECEASED (Type or Print) FRANK	(Middle)	MILLER. 4. DATE (Month) OF DEATH MARCH	(Day) (Year) 2 2 5 195/
5. SEX 6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY!
13. FATHER'S NAME UNKIVOWA		14. MOTHER'S MAIDEN NAME	
15. Was DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of		17 INFORMANT AND ADDRESS	
service)	Open (1-0 to 1)	Trongerice G. LISTON	
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	appostic an	emia.	10 mod.
Ada	**************************************	940************************************	
292.4 Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			o AG OT OR SARY extractor and anomal and analysis of the same
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing deat	h.		
19a. DATE OF OPERATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY?
			Yes No No
21. ACCIDENT (Specify) PLACE OF INJUSTICE INJUSTICE INJUSTICE OF INJUS	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	•
22. I hereby certify that I attended the	deceased from	1, 1950, to mar. 25, 1951, that I last s	aw the deceased
1 2 2 2 1051 am	d that double some days	25 A. m., from the causes and on the date st	
SIGNATURE	(Degree or title)	ADDRESS	ated above. DATE SIGNED
9,100,1		2 26, 7. w wash. 9, 8. C.	3/25/51.
22 RUBIAL, CREMATION DATE REMOVAL (Specify) 3/2-7/5	1	RY OR CHEMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S REG.	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 26 1951 1000	La Nown	9	1131.NE.
1/2(//00000)	Never	54	Lot UUU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02910

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH.	Georges	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	Y
CITY (If outside corporate OR give nearest town) TOWN	limits, write RURAL	and LENGTH OF STAY (in this place)	CITY (If obtains corporate OR TOWN	the Arabi Pillian Control	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	annel San	itarium	STREET ADDRESS Burlin	uglou Hotel	V
3. NAME OF DECEASED (Type or Print)	(First) PRIA	RAUM	MOSES	4. DATE (Month) OF DEATH March	(Day) (Year) 3/ 19 5 /
5. SEX ensle 6. CO	White	WIDOWED, PHYOROBD, (Specify)	4-8-1867	84 yrs. Months	
done during most of working li		Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		COUNTRY? 4.5. A.
12. FATHER'S NAME	zey B. Ra	um	14. MOTHER'S MAIDEN	7 . // /	2 11 12
15. WAS DECRASED EVER IN U	J.S. ARMED FORCES? , give war or dates of ice) —	16. SOCIAL SECURITY NO.	my Frances	rausly, Wash	glore Hotel unglove, D.C.
I. DISEASES OR CONDITION	ONS DIRECTLY LE	18. MEDICAL CEI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) G	hrowie Myor	carditis	007700771 End 8081 data book 97 Orfs 201 Sa 2020771 1 12 data sa 2020	many years
Antecedent caus		In sie Endor	arditis		, n
92 Diseases or condition giving rise to the about stating the underlying	ve cause	Leveral arter	irselerais	**************************************	99
II. OTHER SIGNIFICANT Conditions contributing to related to the disease or con	he death but not				***************************************
19a. DATE OF OPERATION		NDINGS OF OPERATION			Yes No
21. ACCIDENT (Special Special		(Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY	
	V	NJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
		deceased from 5-15-	-, 1949, to 3-31	-, 1957, that I last	saw the deceased
alive on 3-30.	-, 19.5/, and	that death occurred at	7:25 7.m., from the	causes and on the date s	tated above. DATE SIGNED
James	of. Jank	! M.D. Faure	4. Astroct accord	, faurel, md.	3-31-1951
23 BURIAL CAMATION REMOVAL (Specify)	4-4 195	arlengton	National (OCATION (City, town, or cour	Vugue
Morch 31 - 5	REGISTRAR'S SI	mashears (4. FUNERAL DIRECTOR	us Sous Wa	DEL DC .
				11.61	11/1/1/



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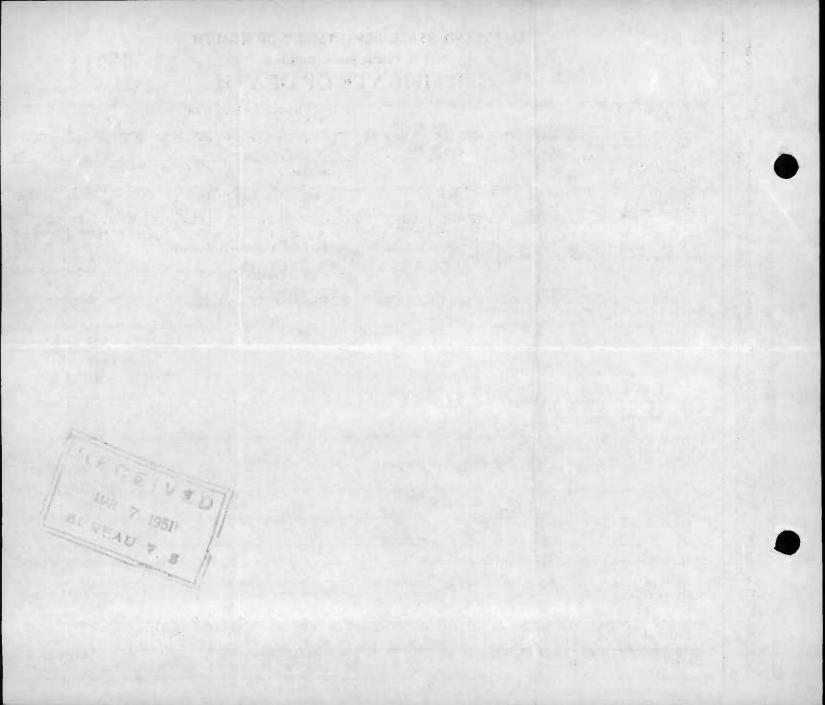
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1)2911345 Reg. Dist. No.

I. PLACE OF DEATH.		(HOME) OF DECEASED.	imv
Prince Georges MARY			Pr.Geo.
CITY (If outside corporate limits, write RURAL and LENGT	is place) II OP	porate limits, write RURAL and	
OR give neares (10wn) Rainier 42 Y	rs. rownMt. Ra		
HOSPITAL OR	STREET ADDRESS	(If rural, give location)
INSTITUTION OR STREET ADDRESS 3814-33rd.	3814	-33rd.	
3. NAME OF (First) (Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) David B.	Murdock	OF DEATH March	4_ 157
5 SEX 16 COLOR OR RACE 7. SINGLE, MAI	RRIED, S. DATE OF BIRTH	1 9. AGE last birthday If un	der 1 year If under 24 hrs.
Male White WIDOWED, D. (Specify)Wio	lowed 9/20/1858	1 92 yrs. 1	the Days Hours Min.
10- HOLLAT OCCUPATION (Give land of mork 10h Kinn on F			12. CITIZEN OF WHAT
done during most of working life, even if retired) Typustry Railroad		tate	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
Samuel E. Murdock	Elizabeth	Woods	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC (Yes, no, or unknown) (If yes, give war or dates of	URITY NO. 17. INFORMANT AN	D ADDRESS	
service) No None	Mrs. John	J. Long	
18. 1	MEDICAL CERTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DI	EATH .		ONSET AND DEATE
Comphu	a) Thrombosis		2
Immediate cause (a)	- I I I I I I I I I I I I I I I I I I I		3 Weeks
332 X Antecedent cause(s)	sclerosis - Gen		2010-1
Diseases or conditions, if any, (b) Arterio	scierosis - Gen	201126	20 Years
8 3 atating the underlying cause last			
(c)			The second second
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	FRATION		1 20 AVIMODOVA
138. DATE OF OPERATION 130. MAJOR FINDINGS OF OP	DIGG TON		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, fr	otory street : (CTTV O	R TOWN) (COUN'	Yes No No TY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUP OF While at Not	While HOW DID INJURY	OCCUR!	
	work 🗆		
on The hearts that I attended the decreed from	NOV. 1946 - MAN	4. 4, 195/, that I las	A
22. I hereby certify that I attended the deceased from	/ 30	d.tf., 1912.J., that I las	t saw the deceased
alive on Mar. 3 19.5/, and that death or SIGNATURE	curred at	the causes and on the date	stated above.
OSIGNATURE (Degree of	77	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE SIGNED
23. BURIAL CREMATION DATA THE WOOF NAME	of CEMETERY OR CREMATORY	Md. 7. LOCATION (City, town, or co	March 4, 1951
REMOVAL (Specify)			ounty) (State)
Burial 3/6/1951 Ceda	r Hill Cemetery	Spitland, Md.	ADDRESS
REG. May, 5195 Mas Soo, Severe	Malley's Fu		O-R.I.Ave.
man, o 1751 Ima gos Devere			O-II. I. AVE.
	M walk	ier, Md.	10 EN 1-



PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

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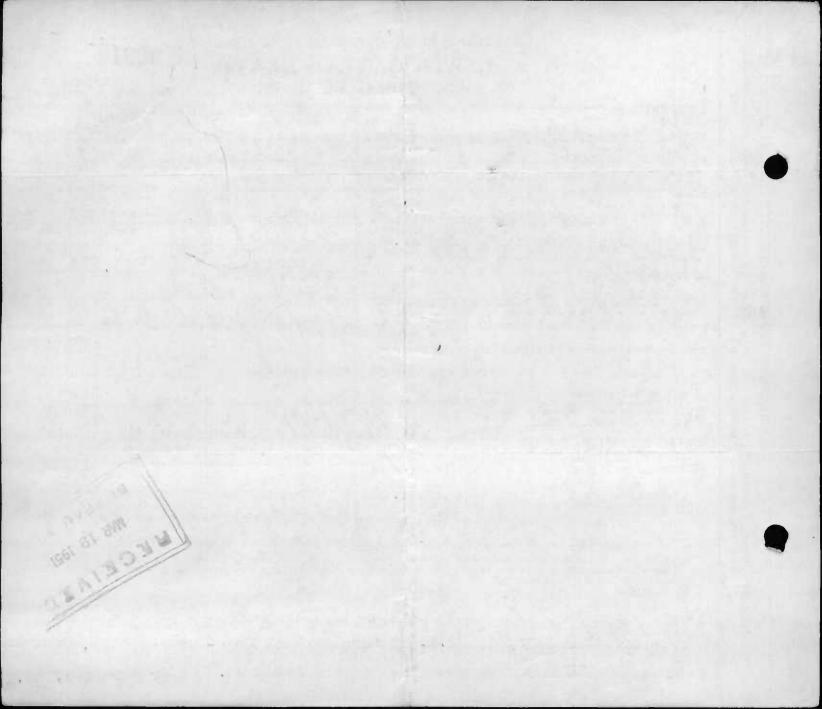
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02912

Reg. Dist. No. 232

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	CITY (If outside corporate limits, write HURAL and give warest town)
CUTY (If ourside corporate limits, fite RURAL and LENGTH OF STAY OR give nearest toyn) (In this place)	OR TOWN Condywal
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jun Hosp	STREET ADDRESS ru al give lo atioo)
	(Last) 4. DATE (Mooth) (Day) (Year)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Mooth) (Day) (Year) OF DEATH Man - /3 19.5
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last hirthday If uoder year If under 24 hi
_/ Vale White (Specify) //amid	328-24 26 yrs. Months Days Hours Mir
done diffice most of working life, even if retired) 10b. Kind of Business on Industry Levant	11. BIRTHRLACE (State or foreign country) 12. CUTIZEN OF WHA
13. FATHER'S NAME O	14. MOTHER'S MAIDEN NAME
Earl J. Musers	Tell Goolsby
15. WAS DECEASED EVER IN U.S. ARYED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or uokoowo) (If yes, no or date of 256-24.658)	Horse Myers - Wife
18. MEDICAL CEA	REFERENCE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
912.) Immediate cause (a) Surrowhage	& shock C
Antecedent cause(s)	18 . // 1
Diseases or conditions, if any, (b) October 1750 giving rise to the above cause	Superior Vena (ava
1750 giving rise to the above cause stating the underlying cause last	111-1
- whom o shoulder	milled into mechanism of
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	May faler.
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🌠 No [
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING OF office hdq., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
PRIMARY FOR CONTRIBUTING OF office tide., etc.) CAUSE OF DEATH. OF Office tide., etc.)	Brandymini / Sierces Mol.
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	Now bid injury occur?
INJURY 3 - 13-51 P.m. work at work	Kim carght in hay baler
22 I will that I tack change of the nomaine described above held as A	stones St. Ingrestion St. Ingrises to thereon and from the suideness
22. I certify that I took charge of the remains described above, held an A	used died on the day stated above, and death in my opinion resulted
from: natural causes , accident , suicide , homicide ,	undetermined [].
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
10 d. 7 malana man on un 1c.	pl . 1 11. # 11. mad 2 11151
23, BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
V DEMOVAL (Specify)	
Transportation 3/15/51 J.W. Vicker	rs Funeral Home Gainesville Georgi
RIG.	
Much Dits Cary sull	Ritchie Brog. Upper Manlhora Md



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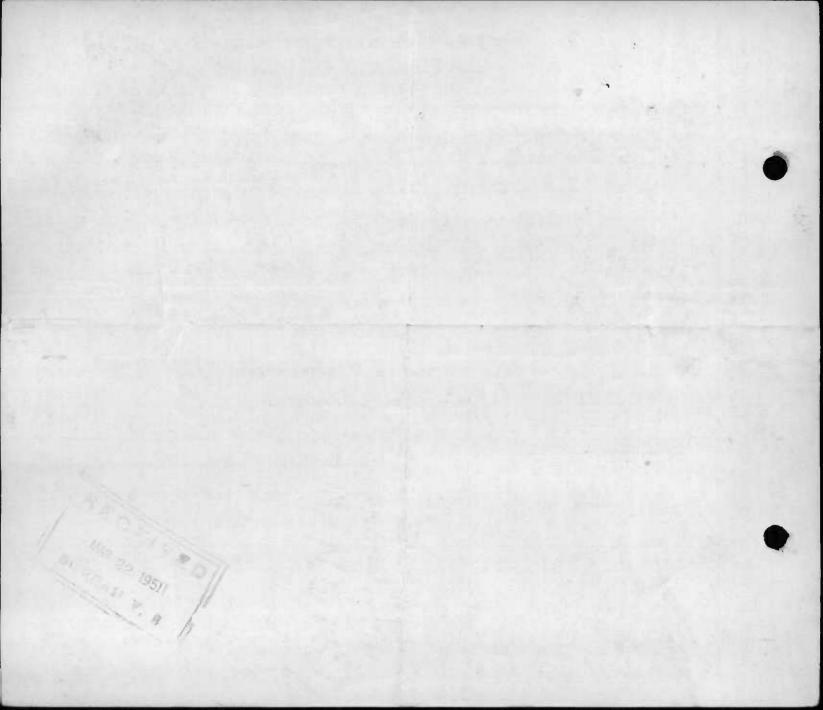
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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 245

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEA	SED. COUNTY
CITY (If outside corporate limits, white RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write 1804)	VI TOTATIS IS
1. PLACE OF DEATH- OUNTY CITY (If outside corporate limits, white RURAL and OR give hearest town) HOSPITAL OR MARYLAND MARYLAND (In this place) TOWN	OR TOWN & Raves da	L'
	STREET (If ru'al give	
INSTITUTION OR 6413 - Clipt Hace	ADDRESS 5-423-554	Glace -
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) 5. SEX // 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH 8. DATE OF BIRTH 9. AGE last birthds	y If under Fyear If under 24 hrs.
Male WILL WIDOWED, DIVORCED, (Specify) Namy of	9-21-92 58 ym	Months Days Hours Min.
Ion. USUAL OCCUPATION (Give kind of work) dong during most of working lifer even if retired) About 1	M. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
13. FATHER NAME OWEND	14. MOTHER'S MAIDEN NAME	ul
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? to Social Security No. (Yes, no, or unknown) (1) yes, give war or dates of 579-16-2012	17. INFORMANT Overso	Wase
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 / -	ONSET AND DEATE
Immediate cause (a) Coronary (Pechision	-2 1 1 2202 050000 100000000000000000000000000000
420. Antecedent cause(s)	0 /	
Diseases or conditions, If any, (b)	8 elirosio	ad 20 20 at 200
stating the underlying cause last (c)	ular renal disea	of !
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes X No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and deal	ereon and from the evidence th in my opinion resulted
from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloners. on D. Dep. Mad. 9	Edammin - Cheverly-	md 2-1951
PENOVA (CONTO)	RY OR OREMATORY LOCATION (CHARACTER)	wn, or county) (State)
DATE SEC'D BY LOCAL REGISTRAR'S SIGNATURE	24 PUNERAL DIRECTOR	THE APPRESS OF

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02914

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY PAINCE GROVES MARYLAND	STATE MARY Land Priverses
CITY (If ditside corporate limits, write RURAY and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town (in this place)	TOWN LAND MARKET
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) BEATRICE F/12 ABET	PARKER DEATH MAL 26 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED.	8. DATE OF BIRTH 9. AGE iast hirthday If under I year If under 24 hrs.
Tenale olor ed WIDOWED, DIVORCED, (Specify) WI down	1907 Hyrs. Months Days Hours Min.
100/ USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign dountry) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	WELLENTON - Va Country?
13. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
the large of a	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of	MIN-I D
NO service)	HUTAL YOLKER
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
PI	
Immediate cause (a) Tulmonary	Takeren los1
Antecedent cause(s)	
Diseases or conditions, if any, (b)	9000-000000-000000-000000-000000000000
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	/ / 4
Conditions contributing to the death but not related to the disease or condition causing death.	Cuthultus
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITT OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While Not While Work At work	
1 1	
22. I hereby certify that I attended the deceased from January	
alive of 12. 2. 6, 19.5., and that death occurred at.6 SIGNATURE (Degree or title)	3.0.8 m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
X 000	washing be
N.G. Dolline	M. 4427- LUHT. PLNE MA 26.14.17
23. BURIAL, CHEMATION DATE THEREOF NAME OF CEMETE BREMOVAL (Specify) 3/29/5/	ROR CREMATORY LOCATION (City town, of county) (State)
DATE REC'D BY LOCAL RECESTRAR'S SIGNATURE	24. PUNERAL DIRECTOR / ADDRESS
REG. 3-28- amanda Lowney	I sasche some Agallente me



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No. 700
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infant give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t 1. V Sidgle	20. DATE DF DEATH. March 8 19 51 21 9 4
8. (b) Name of husband or wife 1. 8irth date of deceased (mo., day, yr.) July 2—1870 8. AGE: Years Months Days If less than one day 8. Birthplace. Josephinoville Management of the survey of the s	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 57. and that I last saw h
16. Informant Bernard L. Pury Brother Address Journal Dale thereof. 17. Burnard Dale thereof. (Burial, cremation, or removed, Which?) Cemetery or crematory July Dhyot Location 18. Funeral director July Hayana Address Wald Dale Address July 19. July July Dale Pec'd by registrar) 19. Date rec'd by registrar)	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide

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Evidence for addition in 19b shown on:

2411 N. Charles Street, Ballimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

18 18 1- 13 APR 3 1931		
1. PLACE OF SEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	00-
MARYLAND	manyland tu	ud seo,
OR give nearest torn) (in this place)	CITY (If outside copporate limits write RURAL and giv	e ocarest town)
TOWN SHADOWY (1988)	TOWN Bladbury H	Us-
HOSPITAL OR INSTITUTION OR	ADDRESS (If rural five location)	0-
STREET ADDRESS	ADDRESS 5/06 Byers	2.
3. NAME OF DECEASED (Middle) OF OF OF PRINT OF	PHILLIPS 4. DATE (Mooth)	(Day) (Year)
5. SEX // 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATH OF BIRTH 9. AGE last hirthday II under	1 year ill under 24 hrs
Male white WIDOWED DIVORCED	1423/09 4/ yra Mooths.	Days Hours Mio.
done during most of works and in the state of the state o	11. BIRTHPIACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	all Thorqual	Countain f. C.
Garage Phillips	14. MOTHER'S MAIDEN NAME.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, pa, or unknown) (If year, give war or dates of 579-15-616	8 Mar. Phellips. 5106 Ru	en It 85
	Jana prost por org	wo sy so
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Uremia se	4.44	01
Immediate cause (a) Unessua		0 days
Antecedent cause(s)	0	
1170 Diseases or cooditions, if any, (b) Chumu My	pritie	4 morta
giving rise to the above cause statiog the uoderlying cause last		and the second s
II. OTHER SIGNIFICANT CONDITIONS		
Conditions cootributing to the death but not related to the disease or coodition causing death. Deather	nelletus	740.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Sent 7, 1950 Pentie when starte	w resection ,-contributory cau	e
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (4/5/51 (COUNTY)	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(021122)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from Aget. 2.	3 1047 4 200 6 1710 5/11 171	
	⊌., 13.2.2 U	w the deceased
alive on Mande A.C., 19.5, and that death occurred at	O.10 A.m., from the causes and on the date sta	
alive on Manda. A.c., 19.5, and that death occurred at		ted above. DATE SIGNED
Emit Complex MD 49	ADDRESS ADDRES	DATE SIGNED 3/27/5/
alive on	ADDRESS HOO Bowen Rd. SE While 19,00	DATE SIGNED 3/27/5/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

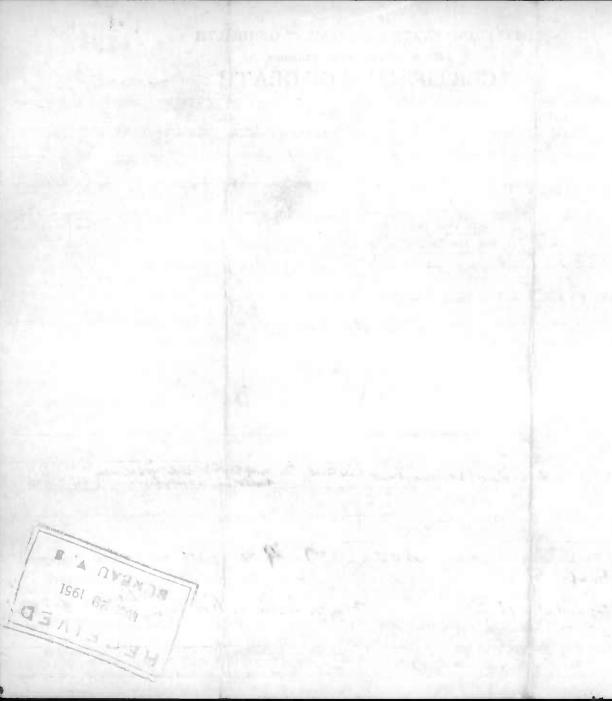
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02917

eg. Dist. No. 226

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY (House'de corporate limits, write RURAL and LENGTH OF STAY	CITY (It outside corporate limits, write RUMAL and give nearest town)
OR give nearest town) TOWN (in this place)	TOWN Reverdade Glandeus
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS	6618-61-live.
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) (A. DATE (Month) (Day) (Year) OF DEATH MALL 28 195
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8-DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of service)	Gerry C. Poston Sv.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Carcinoma	mitactitic spull chist and
Antecedent cause(s)	On to Dollar abriance
Diseases or conditions, if any, giving rise to the above cause	reast fulateral
stating the underlying cause last	
(c) II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
1997, 1950 1950 196. MAJOR FINDINGS OF OPERATION 1. ACRESTMON CARCINOSIS, March	hilaten ?. maptastali E a derge accium 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CILL ON TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?
	(17) 22-21
22. I hereby certify that I attended the deceased from M.O. U.e	, 19, to, 19, that I last saw the deceased
alive on 28 Man, 195, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE.	RY OR CREMATORY LOCATION (City, town, or county) (State)
(NEMOVAL Specify) mar 30 1951 (lilington	noticed arlington Va
LATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS ADDRESS



2411 N. Charles St., Baltimore

02918

CERTIFICATE OF DEATH

14310

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Prince 2000	(For newborn Infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County		
(II offering city of town thints, write received and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where wear occurred.	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
QUEEN. DANIEL			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
. a. Marsa Jamida und	Λ		
Male regro 10 000000	20. DATE OF DEATH March 29 19.51, 111:15A		
Martha Snowden Green	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from		
6.(b) Name of husband or wift	Jan 16 1951 10 March 29 1951		
7. Birth date of S. (c) 11 alive, give age years	and that I last saw h mailive on march 29 1951		
deceased (mo., day, yr.) Cug 1, 18 11	Immediate cause of death Ortorion clorotic DURATION		
8. AGE: Years Months Days It less than one day	Cardio-vaccular		
79 7 28min.	revaldisias		
B. as asounded Co waryley			
9. Bothplate	Spue to		
7	449		
10. Usual occupation	Due to		
11. Industry or business — OWN 21	13.10		
12. Name Gueau) B THOMAS	Other conditions		
13. Birthplace maryland			
14. Malden name NANCIE	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
15. Birthplace Weary land	Date of op.		
BLAKE, BLNORA -	Antopsy results		
Mach 750 ROLLINS AVE	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
ASSURES ASSURED ASSURE	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Guidel (Burial, cremation, or removal, Which] Date thereof 4 - 2 - 9 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?)	Witness did february assured		
Cemetery or crematory			
Location Washington D.C.	Injured al home, farm, Industry, public place (where?)		
1/2 6 11/2 at a t = 15 15	Maans of Injury Injured at work?		
18. Funeral director Henry 5. Washing 9100 4 Jons	71 . 0. 1.		
Address 467 N ST. N.W.	Theodor Pinckney, M.D.		
man 19 11 (ani 6 1110)	16827 Deans and or other		
(Date rec'd by registrar) Registrar	Modern Andrew Date signed 3/29/5		
(Daw are u by sogrocar)	100105		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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COLLEGE W. J. B. VIE the state of the s Commence of the second 1, 19 71 1961 8 059 03/13038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

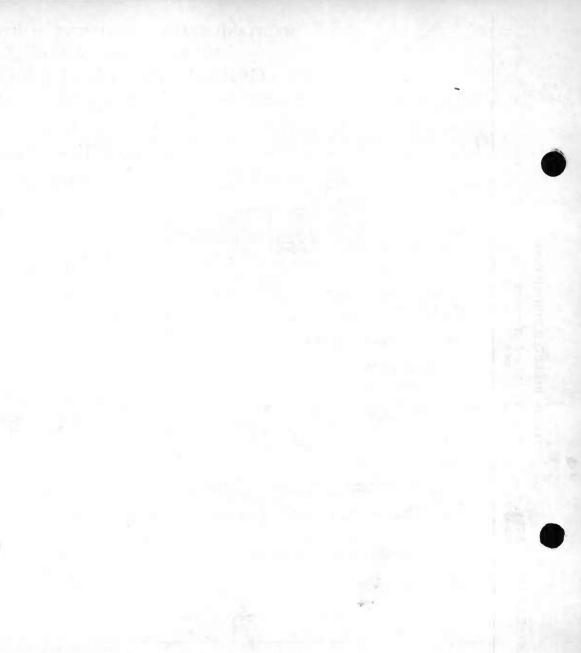
2411 N. Charles Street, Baltimore

02919

CERTIFICATE OF DEATH

Reg. Dist. No. 23/

1. PLACE OF DEATH., COUNTY LINE SEV MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	rine Stev
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give near set town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4021- 72 nd ave	STREET ADDRESS 40 2/- 12 and ave	
3. NAME OF DECEASED (Type or Print) Couple (Middle)	Rakory 4. DATE (Month) OF DEATH WORLD	(Day) (Year) Z O 19 5/
Mele To Color OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	Wee, 8, 1885 65 yrs. Months.	l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most it working life, even if retired) 10b. Kind of Business or Industry INDUSTRY		COUNTRY OF WHAT
13. FATHER'S NAME & Rayloey	14. MOTHER'S MAIDEN NAME	wur
15. W/s Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes. no, or unknown) (If year, give war or dates of service) 205-03-390 4	12 My Emano M / Lon	ory
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	- flowers.	142.
Antecedent cause(s)	X	
Diseases or conditions, if any, giving rise to the above cause etating the underlying cause last	<u>/</u>	***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.) 8 04 00 00 000 00000000000000000000000
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY Not While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.5.	, 1957, to 3/20, 1957, that I last sa	w the deceased
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
Frederick S. M	uner, M.J.	3-20-31
23. BURIAL, CREMATION DATE REMOVAL (Specify) THE PROPERTY OF CEMETE!	or CREMATORY Work (City, town, or country)	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG - 20-5/ Com anda Downly	The SHITTING Co 2 90,	ADDRESSA 1-14 De St
	971881 W	Jack, D.C.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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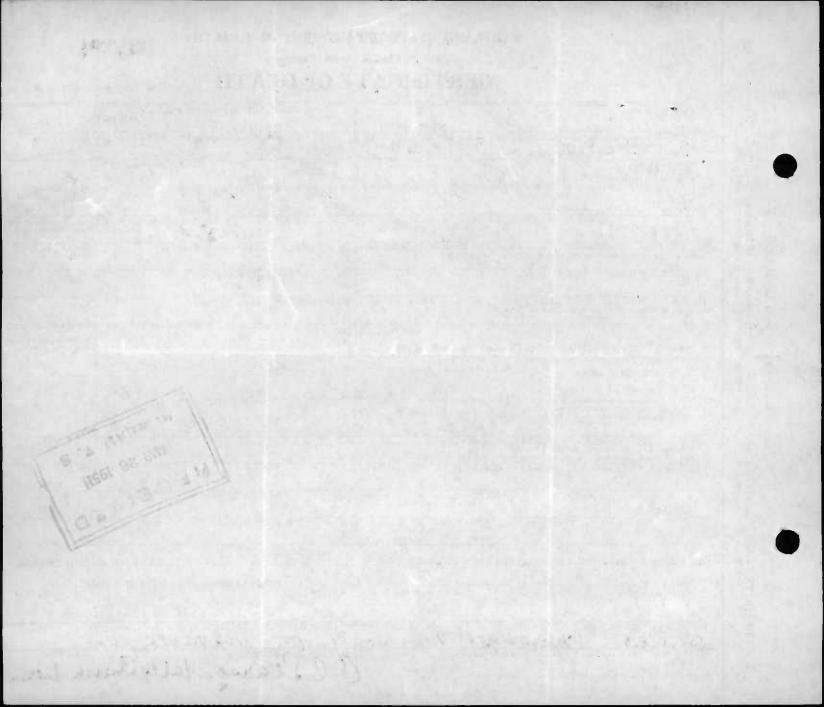
Reg. Dist. No. 23/

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	P. a.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	vi seo.
OR give nearest (own)	FOR 150	0/ 0
HOSPITAL OR	STREET (If rungle ve location)	y send
INSTITUTION OR STREET ADDRESS Prince Jergal Jes, Hos	ADDRESS 3900 - 52 nd 31	201-
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Restore 4. DATE (Month) OF DEATH May I	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE ast birthday If under	l year If under 24 hrs
(Specify)	June. 5, 1866 84 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1. 1. t. 0	- P + 2 814 -1	
	e, Ruptura left ventrele	
420 OAntecedent cause(s)	t- c. 00 1 1 114	
Diseases or conditions, if any, (b) M yearlest infant	and wrengley franch test	
stating the underlying cause last		MATERIAL PROPERTY.
11. OTHER SIGNIFICANT CONDITIONS	terroclares with alevalante	10
Conditions contributing to the death but not related to the disease or condition causing death.	ellitis.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not Work	HOW DID INJURY OCCUR?	
	VG 3	
22. I hereby certify that I attended the deceased from July	, 19.7 to 3 21, 19.5 /, that I last s	aw the deceased
alive on 3 - 20, 19.5/, and that death occurred at		
SIGNATURE: (Degree of title)		DATE SIGNED
Danton O Wates	mb 5304 amopolis Bl	3-22-17
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or coup)	y) (State)
Burel. Mar 4-193 1 Warne	n Cemetry Warrenton Ve	(0000)
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	n - unique in volume of the	
REG 22.51 Amanda Naunly	FUNERAL VIRECTOR	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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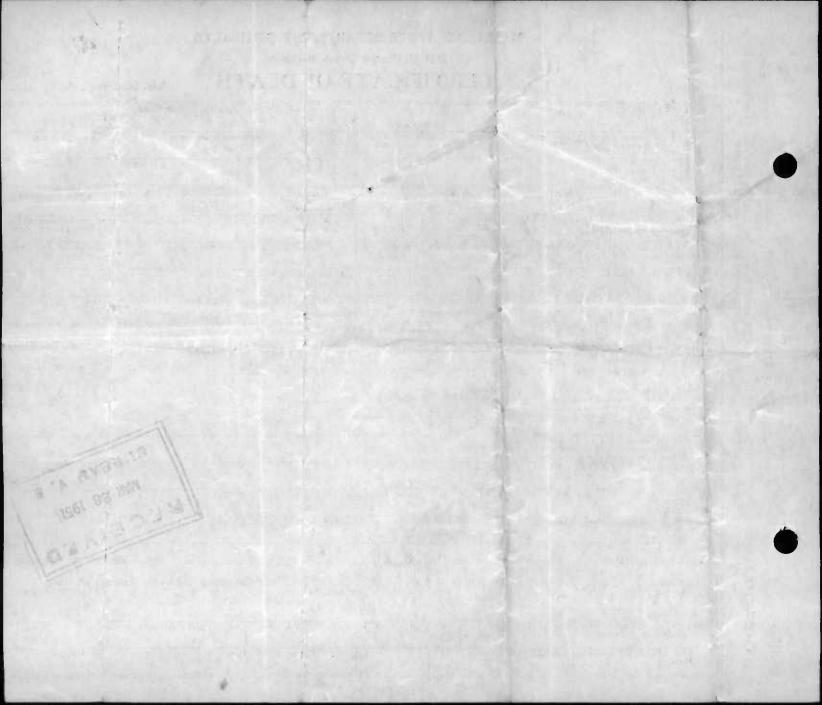
PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 23/ 1. PLACE OF BEATH 2. USUAL-RESIDENCE (HOME) OF DECKASED. COUNTY STATE Maryland Prince MARYLAND CITY (If outside corporate limits, write TURAL and OR girchefrest town) / Md LENGTH OF STAY CITY (If outside corporate fimits, write RURAL and give nearest town) (in this place) TOWN HOSPITAL OR INSTITUTION OR STREET rive location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (First) 4. DATE (Month) (Day) (Year) DECEASED ENA DEATH/has (Type or Print) 7. SINGLE, MARRIED, 6. COLON OR RACE DATE OF BIRTH 9. AGE last birthday If under I year | If under 24 hrs. 5. SEX (Specify) DIVORCED Months Days | Hours 10a. USUAL OCCUPATION (Give, kind of work 11. BIRTHPLAGE (State or foreign country) 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ADDRESS UND (Yes, no, or unknown) | (If yes, give war or dates of none service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No I 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from. 1959, to 3 - /9 ..., 195/, that I last saw the deceased 1. O. P. m., from the causes and on the date stated above.
ADDRESS DATE SIG alive on 3-1 and that death occurred at SIGNATURE (Degree or title) DATE SIGNED 21. BURIAL, CREMATION DEMOVAL (Specify) LOCATION (City, towns or county) NAME OF CEMETERY OR CREMATORY (State) DATE RECID BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Asus

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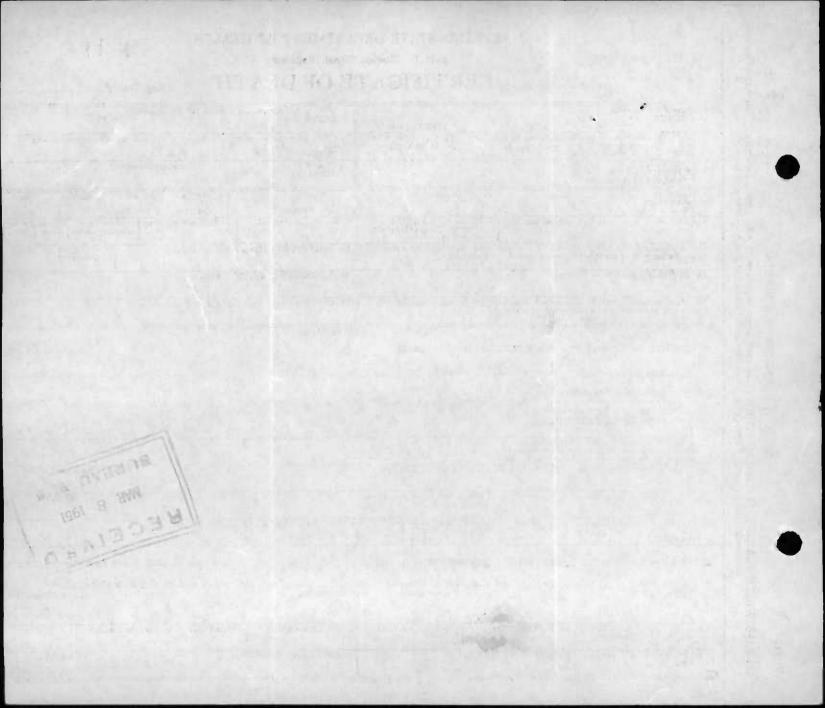
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(4364)

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	,
MARYLAND MARYLAND	1110ry sand	
CITY (If outside orporate limits, write JURAL and LENGTH OF STAY OR give near town) (in this blace)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS 5466 - 56 Place	
3. NAME OF (First) (Middle)	(Month)	(Day) (Year)
(Type or Print)	DEATH DEATH	3/ 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birtbday If under Months yrs.	Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done-during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
PVETY CHANT SELF EMPLOYED	1,033 == -	Course
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNK NOW N	UNGNOWN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war of dates of	JOHN C TAYLOR.	
service) NONE		
18. MEDICAL CES	RIPICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATE
260 x Immediate cause (a) Manuel Animon	vry elling.	ZO nem
Antecedent cause(s)	. 17	-4.
Diseases or conditions, if any, giving rise to the above cause	ALL FINANCE	- C/ min :
stating the underlying cause last	the con see tolk & I have	K > was
II. OTHER SIGNIFICANT CONDITIONS	me amoun - 1 cm my of my	- wy
Conditions contributing to the death but not related to the disease or condition causing death.	~ / / / /	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 3.5.	, 195, to 3-5, 195, that I last s	aw the deceased
alive on 5-5, 1951, and that death occurred at	ADDRESS	ated ahove
SIGNATURE) (Degree or title)	ADDRESS	DATE SIGNED
KATANG MW m.D. 4	314 Ballation A. Deathoulle Me	1 2-5-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) MAR. 6 1951	The state of the s	INGS KY
15 ATE REC'D BY LOCAL RIGHSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS /
REG. 3/6/51 Umanda Dounes	IN IN CHAMBERS CO	IVERDALE
	200 4111	10 0
	270000	MD



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E PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEP		02923
CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF I	COUNTY P. G. C. C.
OR give nearest town. TOWN CITY (If outside corporate limits, write RURAL and OR give nearest town). STAY (In this place)	CITY (If outside corporate limits, wrong Brent W/O	od
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4529 Banner ST	ADDRESS 4519 B	Panner 87
3. NAME OF DECEASED (Type or Print) LELIA GETTVAR RIL	HARD SON LA DATE	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) murried 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE last 11-15-1893 57	birthday If under 1 year Months Days Hours Min. yrs. 12. CITIZEN OF WHAT
done during most of working life, even if retired) 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Country A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	UNKROWN 17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	Rolph Richards	01
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	lind heart fa	INTERVAL BETWEEN ONSET, AND DEATH
722. Immediate cause Antecedent cause(s) Antecedent cause(s)		one day
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conditions (c)	id arthritis	8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes □ No 👿
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Bejet	, 1950 to March 2, 195	,
alive on	ADDRESS ADDRESS AND ADDRESS MA	d on the date stated above. DATE SIGNED Mach 28 1957
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 & 1957 Suns Severy	24. FUNERAL DIRECTOR H.S. Washington+	ADDRESS



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02924

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY DRINCE MERGES MARYLAND	STATE Mary Land COUNTY LEOS	6
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) TOWN (in this place)	TOWN SwiTLAND	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS	100- SWAN ROAD S.	E
3. NAME OF (First) (Middle) DECEASED	OF OF	Year)
(Type or Print)	TITER DEATH March 26	1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under Abel 8-1870 80 yrs. Mooths. Days Hours	24 hrs. Min.
10m. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY	· Ya Country?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ames W. Hacker	mary E. Course	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS 100 - S wa	-N
service)	WILLIAM RUTTER. Road.	
18. MEDICAL CEI	RTIFICATION INTERVAL BET	rween
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND I	
Immediate cause (a) Cerderal heme	enhage 6 hu	/
Antecedent cause(s)		
Marca list of a	1	
Diseases or conditions, if any, (b).	enounce 24ear	~
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
	Yes 🗇	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
co I be the distributed the decorate of the de		
22. I hereby certify that I attended the deceased from familian, 19.4.9., to Manched, 19.5/, that I last saw the deceased		
alive on hack 26., 19.5%, and that death occurred at 1.25.6m., from the causes and on the date stated above. SIGNATURE OPERATOR OF THE SIGNED		
E & B Company ma 44	100 Barner 2 Pd SE 11/2 /10 De 2/1/15	,
23. BURIAL CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (Sta	te)
REMOVAL (Specify) march 29-51 Fout Line	colo Cenetura por secio Co. ma	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Major to Housed Mesel	Sommes pros.	



APR 10 1951

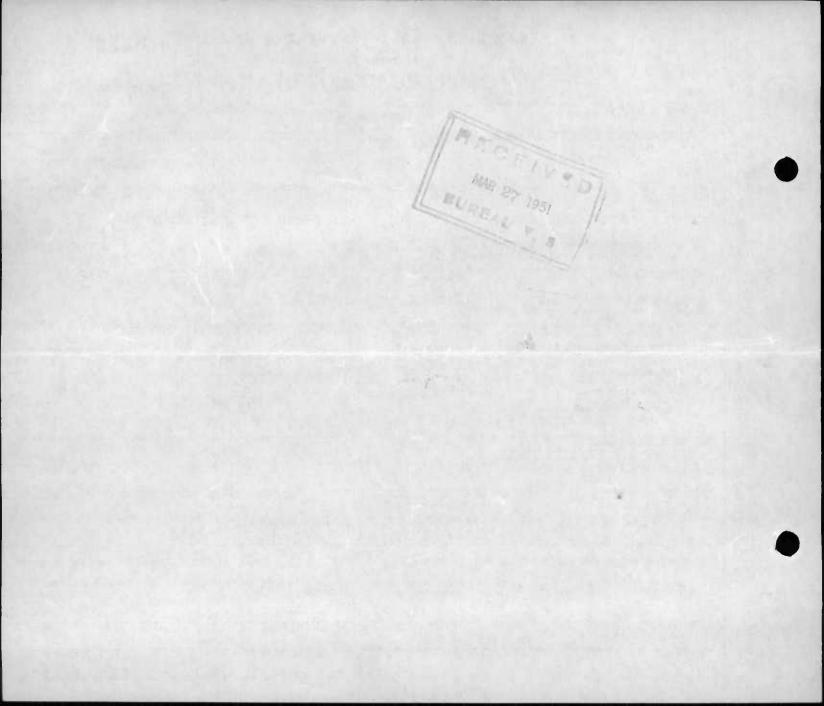
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 245

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Prince George MARYLAND	STATE COUNTY
CITY (If outside corporate limits write/RIRAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town (In this place) TOWN Reversale	TOWN Obselventon 10.C.
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Cougene Leland man. Hospilal	ADDRESS Creme George Co. Colmo House
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ERNEST CLIFFORD	SENIO'R DEATH March 25 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separates	abril 2,1904 46 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Carpenter lenemployee	Beover Falls Pa COUNTRY? Am.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
pranh Senior	Catherine anderson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
5 >, service)	
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONERT AND DEATH
Rulman	ary Suberculosis 2 months
Immediate cause (a)	and another This will
Antecedent cause(s)	not any had
Diseases or conditions, if any, (b) giving rise to the above cause	
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	n Milleter 10 men
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. ATTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(621111)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
20 I havely consider that I attended the decreed from All 2	1 105-1 - MAD 25-105-10 11
22. I hereby certify that I attended the deceased from I Ma I	1, 195, to 125, 195, that I last saw the deceased
alive on M. 24, 195, and that death occurred at A	ADDRESS DATE SIGNED
Que Malen MI	Ruerdalo nel 2 25 51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Mar 25, 195	Wash. O.C.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUNERAL DIRECTOR ADDRESS
march of the yearnes werry	my yesman is wash. J. O. C.
	-10011



CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02926

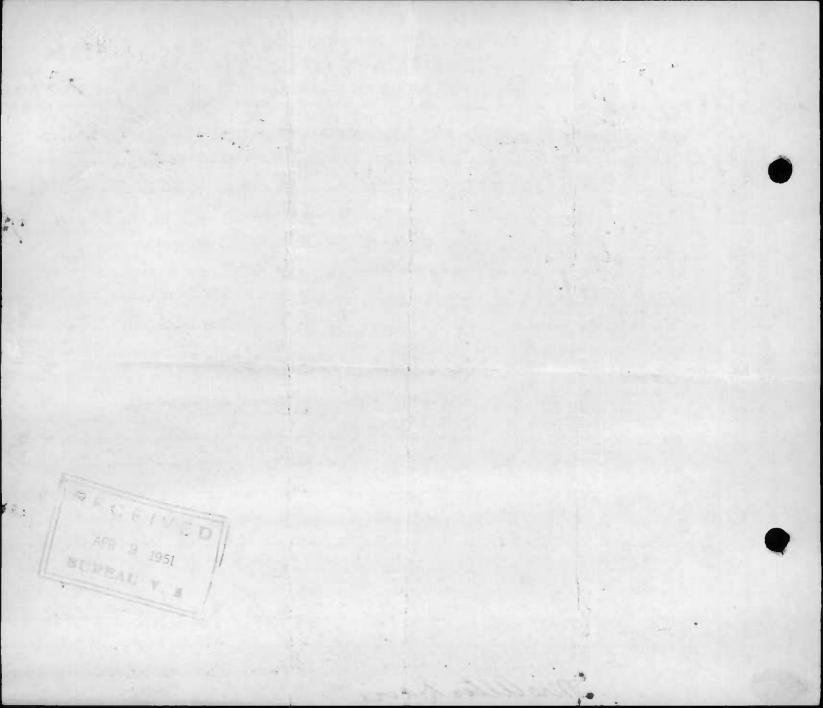
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e '		
The	1. PLACE OF DEATH- COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	•
	MARKET WARREST AND MARKET AND MAR	-
fully	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negretations) (in this place) TOWN CITY (If outside exportite limits, write RURAL and Javan TOWN CITY (If outside exportite limits) (If outside exportit	e nearest town)
are	HOSPITAL OR STREET STREET	0
n ca	INSTITUTION OR 686 Willentown &d. ADDRESS 6862 attentown	Ocoad.
atio	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF	(Day) (Year)
ear	(Type or Print) Warren Stoffel DEATH 3-2	1957
Supply every item of information carefully write the causes of death clearly and legibly.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Specify) 12-27-1874 9. AGE last hirthday If under Months yrs.	Days If under 24 hrs. Hours Min.
of	10a. USNAL OCCUPATION (Give kind of work 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
u p	done during most of working life, even if retired) Industrial Manualter	OUNTENT O
ite	13. FATHER'S NAME	
Z n	Ind Stoffel Pose Hollar	
Ca	15. WAS DECEASED EVER IN A ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, non or unknown) (If yes, give war or dates of	
the	service) larvice) larvice)	-
te p	18. MEDICAL CERTIFICATION	
Sul	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
. 8	Consider the second	
INK.	4 20,0 Immediate cause (a) Coronary acclusion	
	Antecedent cause(s)	
NG In	Diseases nr conditions, if any, (b)	
icia	stating the underlying cause last	
AI	(c)	
WITH UNFADING mportant. Physicians:	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (an chooses when the death of the death of the death of the disease or condition causing death.)	
T C	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
TE		Yes 🗆 No 🏋
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH. (CITY OR TOWN) (COUNTY)	(STATE)
PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	
Z S	OF While at Nnt while INJURY ni. work at work	
Appe		
Pl	22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection M. Inquiry M thereon and sobtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my	from the evidence
	from: natural causes , accident , suicide , homicide , undetermined .	opinion resuited
WRIT	SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
W	1/1 7 HAT Para Main No Ma 1Ch Pl Ma 1 1	01 -1
	AT MURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count	16-51
ASE	TREMOVAL (Specify) Mar 29, 1951 CEASE FELL ALLE AND CENTERLY DECEMBERRY OF CREMATORY LOCATION (City, town, or country)	Mid (State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR	ADDRESS

VS. A15A

The correct age

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The correct age

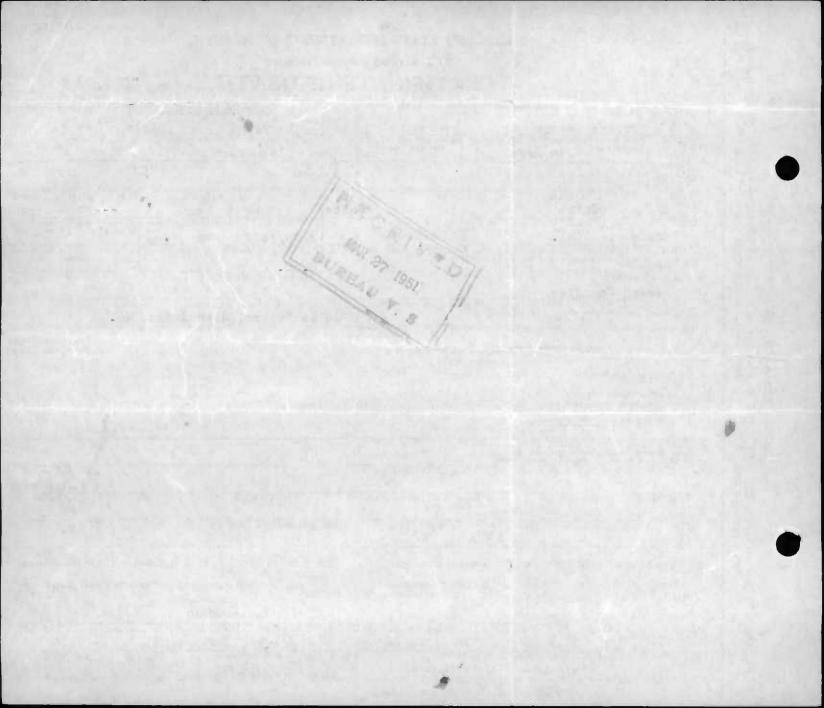
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 42

1. PLACE OF DEATH	H.		2. USUAL RESIDENCE (I	HOME) OF DECEASED	OUNTY
Pri	nce George	MARYLAND	Marylan	d Pri	OUNTY nce George
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR. town) Glen Arden	AL and LENGTH OF STAY (in this place)	OR TOWN Glen Ar	ate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS		STREET ADDRESS	(If rural, give ioca	tion)
3. NAME OF DECEASED (Type or Print)	(First) Julia	(Middle)	(Last) (Ceney	4. DATE (Mont OF DEATH 3.	th) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	,	f under I year If under 24 hrs.
Female	Col.	(Specify) Wid owed	12/25/1872	78 yrs. A	fonths Days Hours Min.
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME	
Joseph	Chandler		2		
	ver In U.S. Armed Forces (If yes, give war or dates of service)		Julia Butler,	ADDRESS Glen Arden,	Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	3		INTERVAL BETWEEN ONSET AND DEATH
		Q 1 C. 1	7.0		11.2
Immediat	e cause (a)	Jul Cora	e 1 allune		TUK
421,4 Anteceder	nt cause(s)	00 0	0 01-	11.41	
Diseases or	conditions, if any, (b)	Chrone Es	ido couldin	- 17 ren	- surveyo
stating the u	o the above cause inderlying cause last			V	
	(c)				
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	the mine			
		FINDINGS OF OPERATION			20. AUTOPSY?
m	~				Yes No 🗖
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	rown) (CO	UNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
INJUICI	III.		1/21 >20	10	
22. I hereby cert			, 19.4.8 to May	17., 19.5.1, that I	last saw the deceased
alive on MA	219 , 1951, an	d that death occurred at	ADDRESS	causes and on the d	ate stated above. DATE SIGNED
Donnen a	Wilherson	MD	61. Kotnu.U	Vash DC Y	Man 20, 54
23. BURIAL, GREM	ATTON DATE THERE	OF NAME OF CEMETE		OCATION (City, town,	
DATE REC'D BY	e 13/12	15 / Morrellan	en linetery	Washings	ADDRESS
REG. 3/20/5	5/ Chanda	Λ.	Bane Memoria	Quener Ser	uce on D.C.
	Carrie :	Landelle		1/1/1/1/1	



MARYLAND STATE DEPARTMENT OF HEALTH

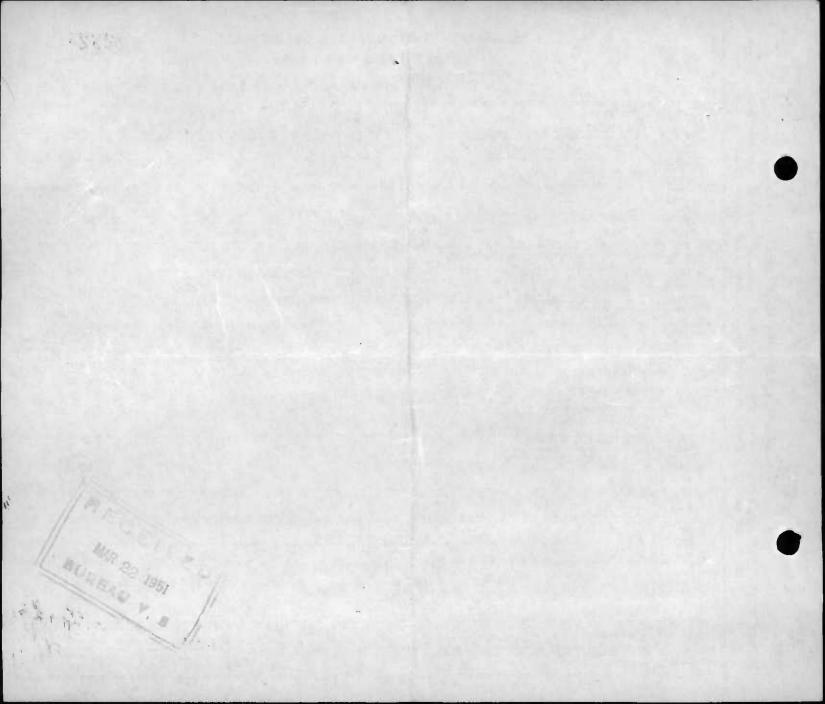
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02927

Reg. Dist. No. 22/5

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY PRINCE GEORGES MARYLAND	STATE MARYLAND. COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) RIVERDALE (In this place)	OR
HOSPITAL OR	TOWN HYATTSV1)) C STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS EUGENE LE AND MEM. HOSPITA)	ADDRESS 4922-40+6 Pl.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	OF
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BERTH / 9. AGE last birthday If under 1 year If under 24 hrs.
MA)e white WIDOWED, DIVORCED, (Specify) WIDOWER	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even If retired) INDUSTRY FOREMAN DEPT. OF INTERIOR	IRELAND COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DO+PICK to allow	Will Carl Maria
PATRICK TIERNEY 15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	WINITRED MORTS
(Yes, no, or unknown) (If yes, give war or dates of	***************************************
NO Iservice)	MISS EISIE TRAVERS (SAME)
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Hypertensive ar	terio sclerofic Heart Disease 10 yrs.
Antecedent cause(s)	of + 1 - + + 1 . 1 - '.
Antecedent cause(s) Diseases or conditions, if any, (h) Carcinona	of prostate & metas, to pelvis 3-445.
giving rise to the above cause	
51) giving rise to the above cause stating the underlying cause last	
stating the underlying cause last (c) Uremia	120-
51) giving rise to the above cause stating the underlying cause last	120- 10645
stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	1 20 - 10 Gyrs
stating the underlying cause last (c) Zeremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	10 4 75 20. AUTO/SY?
giving rise to the above cause stating the underlying cause last (c) Zeremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	\\ \frac{70 - \\ \lambda \text{VS}}{\text{20. AUTO/SY?}} \\ \text{Yes} \text{No \text{Y}}
stating the underlying cause last (c) Uremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) SUICIDE OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) Uremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	\\ \frac{70 - \\ \lambda \text{VS}}{\text{20. AUTO/SY?}} \\ \text{Yes} \text{No \text{Y}}
stating the underlying cause last (c) Uremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) SUICIDE OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c)	CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c)	CITY OR TOWN) (COUNTY) (STATE)
stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5/, to 3-20, 19.5/, that I last saw the deceased
stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5/, to 3-20, 19.5/, that I last saw the deceased
stating the underlying cause last (c)	CITY OR TOWN) (COUNTY) (STATE)
stating the underlying cause last (c)	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5/, to 3-20, 19.5/, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) Uremia (c) Uremia (d) Uremia (e) Uremia (e) Uremia (f) Uremia (ii) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work 24. I hereby certify that I attended the deceased from SIGNATURE: (Degree or title)	CITY OR TOWN) (COUNTY) Yes No & Yes
stating the underlying cause last (c) Uremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While of INJURY 22. I hereby certify that I attended the deceased from At work 23. BURIAL CREMATION DATE THEREOF NAME OF CEMEPE REMOVAL (Specify) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMEPE REMOVAL (Specify)	CITY OR TOWN) (COUNTY) Yes No X No X Yes No X No
stating the underlying cause last (c) Uremia (c) Uremia (d) Uremia (e) Uremia (e) Uremia (f) Uremia (f) Uremia (g) Uremia (hord) (ho	CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (Otty, town or county) (State)
stating the underlying cause last (c) Uremia 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While of INJURY 22. I hereby certify that I attended the deceased from At work 23. BURIAL CREMATION DATE THEREOF NAME OF CEMEPE REMOVAL (Specify) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMEPE REMOVAL (Specify)	CITY OR TOWN) (COUNTY) Yes No X No X Yes No X No
stating the underlying cause last (c) Uremia (c) Uremia (d) Uremia (e) Uremia (e) Uremia (f) Uremia (f) Uremia (g) Uremia (hord) (ho	CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (Oty, town or county) (State)
stating the underlying cause last (c) Uremia (c) Uremia (d) Uremia (e) Uremia (e) Uremia (f) Uremia (f) Uremia (g) Uremia (hord) (ho	CITY OR TOWN) (CITY OR TOWN) (COUNTY) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (Otty, town or county) (State)



VS. A15

The correct age

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

MAD 21 105 CERTIFICATE OF DEATH

02928

G 1) 1 MAR & 1 1951		
1. PLACE OF DEATH- COUNTY PLACE OF DEATH- MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Pr. Ost.
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (in this place) TOWN Caye	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Princy Jerged Jev, Hose	STREET ADDRESS 16 Only Mrural, give location)	Pt1
3. NAME OF (Eirst) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) /3 195/
5. SEX COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIR/TH 9. AGE last birthday If under	year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. Kupp of Business on done during more disworking life, even if retired) Industry of the life was here.	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME (dugs d. Jetherway)	Sarah Bailey,	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	Jelhan Mousted (day	liter
18. MEDICAL CEI		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
4200 Immediate cause (a) Lulom cn Ary Congestion	ν	***************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	5.4 (both lower lobes & at middle lobe)	*** *** *** *** *** *** *** *** *** **
stating the underlying cause last (c) Avter is cleantic Ht. I	ISEASE - Carlia mesaly + Failore	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		
19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 7	, 19.51, to March 13, 19.51, that I last se	w the deceased
alive of March 13, 19.57, and that death occurred at	ADDRESS ADDRESS	ted above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF GENERAL	O'CICLUE Strad S.E Wash	19 D.C.
Bural (Specify) Max 16-1851 Hortelin	caln Housenbury	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/14/5-/ Umande Downey	Dest Fune None, Hashing	Lon De

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VS A15 9-45-15M	1	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consequence is especially important. Physicians: please write the causes of death clearly and legibly.
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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HIM 10. G 1 ZAPK 5 1951 CERTIFICAT	'E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For not born infants give residence of mother) State
How long in hospital or institution?	Street No. (If rural, give LOCATION) with Ask Mig
3. (a) FULL NAME Sarah H 4	3. (b) Social Security Number
4. Sex S. Coior or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH
5.(b) Name of husband or wild. M. Mahall. Could be seen and seen and seen and seen are seen are seen and seen are seen are seen are seen are seen are seen and seen are seen are seen are seen are seen are seen and seen are seen a	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.50, to 3-31-19.57 and that I last saw h & alive on 3/28/57 Immediate cause of death
8. AGE: Years Months Days If less than one day	Due to artis-Schate /040
18. Usual occupation	Due to
12. Name. 13. Birthplace Maiden name. May 14. Maiden name. May 15. Birthplace	Diher conditions (Include pregnancy within 3 months of death) Major fieldings of operations.
16. Informant me Lithius of June	Autopsy results
Bate thereof. (month) (day) (year) Cemetery or crematory Location	Accident, suicide, or homicide
Address 5732 Ha Case My We Sparch 31 of January Server	Meens of Injury Injured at work? 23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Kene dale 179 Bate signed 3/3/15/

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MARYLAND STATE DEPARTMENT OF HEALTH

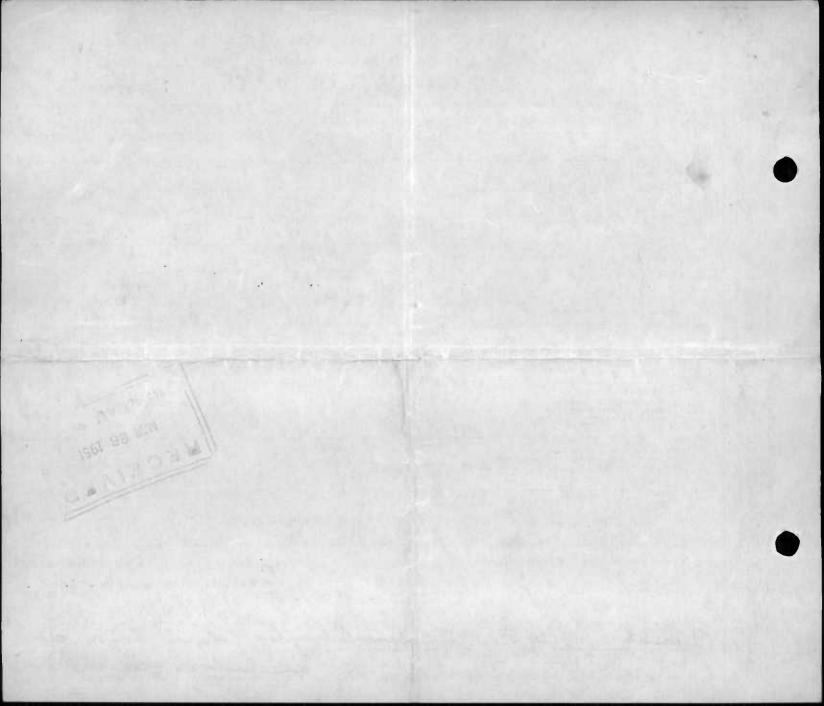
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02930 '

Reg. Dist. No. 745

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Riverdale Pr. George SARYLAND	STATE M. PEQUINT	1601965
OR give near town (in this place)	CITY (If outside corporate limits, write RURAL and gr	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS SEAN MEMORY (4) HO	STREET (If rural, give location) S D P P T Way	Pd.
3. NAME OF DECEASED (First) (Middle) (Type or Print) Mayagret 504,52	(Last) 4. DATE (Month)	(Day) (Year) 22 195/
5. SEX 6. COLOR OR HACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Montha	l year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business on done during right of tarking life, even if retired)	11. ERPHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
Edward C. Johnston	14. MOTHER'S MAIDEN NAME M. POPE	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS HOSP. records	
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) MALNUTRITION +	STASIS PNEULIDAVIA	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Right BREAST	2425
(c) METASTASIS I	O LUNGA SPINE	1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 2L	1, 1951, to 3 -21, 195/, that I last s	
signature: 19.51, and that death occurred at. 8 Signature: (Degree or title)	ADDRESS ADDRESS AND RESIDENCE OF THE CASE	ated above. DATE SIGNED
23 BURIAL, CREMATION DATE THEIREOF, NAME OF CHARTEI	RYPR CHEMATORY LOCATION (City, tom, or coun	(Staye)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG Man 24 1951 Mrs. Las Beneral (Whiteless	24. FUNERAL DIRECTOR Some Typell	sorble my
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02931

GOENTY CONTY	STATE AAA COUNTY	
MARYLAND MARYLAND	Maryano 1. Sieres	
CITY (If outside priparate lights, write RURAL and LENGTH OF STAY OR of nearest town) I this place)	CITY (It puside to porate limits, write RURAM and gid nearest town) OR TOWN Area Care	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1525-49 a Que	STREET ADDRESS 1525 - 49 th ave	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	Word 4. DATE (Month) (Day) (Year) OF DEATH 3 - 25 1957	
5. SEX (6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED) (Specify Manual	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BINTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
William Wood	July Jenouson	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 577-30-47/4	Frey & Gertride Wood -	
18. MEDICAL CE		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE	
Immediate cause (a) Coronary of	Mirginibasio	
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	Lerosio	
stating the underlying cause last (c) Can chaves cu	lar Rend obsiase	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
AL ENGUENAL GLUCE MAG	Yes X No 🗆	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY ni. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described obove, held an Autopsy I Inspection I Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion-resulted from: natural causes accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED		
23. BURIAL, CREMATION DAYE THEREOF NAME OF CEMETE	Church Agattarlle Md · 3 · 25 · 51 RY OR CREMATORY LOCATION (City, town, or county) (State)	
Jamora, Jas-1		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 25-5/ Imanda Lounly	Leng a Better Address	
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